Integrated Billing

Version 2.0

User Guide

October 2022

Department of Veterans Affairs

Office of Information and Technology (OIT)

Revision History

Initiated on 12/29/2004.

Date	Revision	Description	Author
October 2022	3.27	Patch IB*2*732 and DG*3.5*1080 • Added Vision to list of Coverage Limitations	MCCF EDI TAS eInsurance
September 2022	3.26	Patch IB*2*720 • Enhanced the COMPACT Act Copay Review Report – adding Sort by Division feature and Procedure column to output	CC DSO Development Team
August 2022	3.25	Patch IB*2*713 • Updated Patient Policy Information screen shots to include Expand Benefits. • Added date of death to Patient Insurance Management screens • Removed List Inactive Ins. Co. Covering Patients	MCCF EDI TAS eInsurance
May 2022	3.24	Patch IB*2*702 • Edited Insurance Reports menu, Insurance Buffer Activity, and Insurance Buffer Employee • Added Coverage Limitations Report	MCCF EDI TAS eInsurance
January 2022	3.23	Patch IB*2*709 • Added the COMPACT Act Copay Review Report to the Patient Billing Reports Menu	CC DSO Development Team
December 2021	3.22	Patch IB*2*687 • Edited MCCR Site Parameters screen, Insurance Company Editor screen, Insurance Reports list • Added Interfacility Ins. Update Report and Insurance Company Link Report, and Payer Link Report	MCCF EDI TAS eInsurance
August 2021	3.21	Patch IB*2*701 updates: Enhanced the Former OTH Patient Eligibility Change Report – added MST column to assist billing team with reconciliation processes.	Liberty IT Solutions SHRPE Team

Date	Revision	Description	Author
August 2021	3.20	Patch IB*2.0*676 • Added new connectivity in IB RxCopay to Cerner. When Cerner is in Treating Facility List HL7 messages are used for Query, Query Response, sending, receiving new transactions, and the Nightly Jobs.	Cerner Pharmacy CoPay Team
April 2021	3.19	Patch IB*2.0*688 • Updated <u>Former OTH Patient Eligibility Change Report</u> and <u>Former OTH Patient Detail Report</u> under Patient Billing Reports Menu to allow the CPAC/Billing user to review Former Service Member's past episodes of care (Outpatient, Inpatient, and Prescriptions) occurred during pending VBA adjudication period. • Added Presumptive Psychosis Reconciliation Report under [KPA FACILITY REVENUE BILLING] (sub-menu under the CPAC Facility Integrated Billing Menu Option)	Liberty IT Solutions SHRPE Team
April 2021	3.18	Patch IB*2*668 updates: • Edited Insurance Company Editor screens – changes are directly related to the 'Payer' section. • Redacted some additional data on a few of the sample screen shots.	MCCF EDI TAS eInsurance
December 2020	3.17	Patch IB*2.0*685 Added Former OTH Patient Eligibility Change Report and Former OTH Patient Detail Report to Patient Billing Reports Menu [IB OUTPUT PATIENT REPORT MENU] to allow the CPAC / Billing user to review Former Service Member's past treatments occurred during pending VBA adjudication. (Page 83)	Liberty IT Solutions SHRPE Team
November 2020	3.16	Patch IB*2*664 updates: Added information regarding the Date of Death report (PDOD) and Source of Information Report (SOUR)	MCCF EDI TAS eInsurance

Date	Revision	Description	Author
October 2020	3.15	Patch IB*2.0*682 Modifies the Cancel a Charge (CC) action within the IB CANCEL/EDIT/ADD CHARGES option to allow a user to re-bill a previously cancelled bill.	CC IBAR Enhancements
September 2020	3.14	Patch IB*2.0*678 • Limits the list of Cancellation reasons to display when performing a ?? when cancelling an Urgent Care (UC) copay. • Allow users the option to cancel a duplicate medical copayment.	CC IBAR Enhancements
August 2020	3.13	Patch IB*2.0*677 • Allows the IB CANCEL/EDIT/ADD CHARGES option to properly identify the retroactive award period when determining the Enrollment Priority Group when processing Urgent Care (UC) Copayment Charges. • Changes the IBUC VISIT MAINT options Security Access Key from IB AUTHORIZE to IB EDIT to properly limit the access to the UC Visit Maintenance Utility. • Removes any Urgent Care visits with a REMOVED status from counting towards the total number of UC visits when displaying the total number of UC visits in the IB CANCEL/EDIT/ADD CHARGES Option • Prevents erroneous "Patient not found at site" error messages from displaying in the IBUC COPAY exceptions report. • Added a new Cancellation Reason, "PANDEMIC RESPONSE" to the IB CHARGE REMOVE REASON FILE (#350.3). • Allows the RELEASE CHARGES 'ON HOLD' report to update a UC Visit Charge that was ON HOLD with its Bill Number when releasing multiple charges that are ON HOLD for a single patient.	Urgent Care / COVID IBAR Enhancements

Date	Revision	Description	Author
		• Allows the IB CANCEL/EDIT/ADD CHARGES Option to link Community Care (CC) Long Term Care (LTC) with a previously filed Patient Treatment File (PTF) so that the CC LTC copay may be charged to the patient correctly. • Modified the text displaying to the user when linking CC LTC Copays to a PTF. • Adds a warning message when a user attempts to access the AC (Add A Charge) Action in the IB CANCEL/EDIT/ADD CHARGES Option and the user does not have the IB EDIT Security Key assigned to them.	
June 2020	3.12	Patch IB*2.0*675 • Updates to prevent the error currently occurring at UPDUCDB+2^IBRREL when running the RELEASE CHARGES 'ON HOLD' report [IB MT RELEASE CHARGES]. • Updated IBUC VISIT MAINT option to allow Facility Revenue Managers to enter Free Urgent Care Visits for a Veteran if the Veterans Urgent Care visit occurred between the day an Enrollment Group change was awarded and the Date the Enrollment Change is considered effective.	Urgent Care IBAR Enhancements
May 2020	3.11	Patch IB*2.0*674 • Updates the IBUC URGENT CARE EXCEPTIONS Mail Group from Private to public so that the mail group members will receive the emails sent to this group. • Updates the IBUC ELIG GROUP Function so that it correctly identifies a patient's Enrollment Group so that the patient Urgent Care Visit data at other facilities the patient is enrolled at will update correctly. • Modifies the IBUC MULTI FAC COPAY SYNCH nightly process option to assign a user to the Option	Urgent Care IBAR Enhancements

Date	Revision	Description	Author
		so that the task will correctly file patient Urgent Care Visit updates at remote facilities.	
May 2020	3.10	Patch IB*2.0*669 • Updated LIST ALL BILLS FOR A PATIENT to allow the user to filter out either Third Party insurance bills or First Party Copays if they wish to. • Updated LIST ALL BILLS FOR A PATIENT to allow the user to limit the amount of data on the report to a user defined range of dates. • Updated LIST ALL BILLS FOR A PATIENT to allow the output of the report to be in a delimited format for import into a spreadsheet. • Updated IB CANCEL/EDIT/ADD CHARGES to allow certain existing Cancellations Reasons to cancel CC URGENT CARE Copay charges. • Inactivated the UC - ENTERED IN ERROR and UC - CHANGE IN ELIGIBILITY Cancellation Reasons and adds the UC - PG6 REVIEWED in the IB CHARGE REMOVE REASON file (#350.3) • Updated the IB CANCEL/EDIT/ADD CHARGES to allow only holders of the IB EDIT Security Key access to the AC (Add Charges) function.	Urgent Care IBAR Enhancements
March 2020	3.9	Patch IB*2.0*671 • Updated Cancel / Edit / Add to use the Veteran PG status in effect on the Date of Service. • Updated Cancel / Edit / Add to check for duplicates for outpatient copayments and ask if the copayment should be added. • Allows users to manually request an update for UC visits. • Added "Visit Only" as an option for UC visit tracking. • Updated the landing page for the UC Visit Maintenance screen.	Urgent Care IBAR Enhancements

Date	Revision	Description	Author
		• Updated the UC Visit Tracking Detail Report to display in alphabetical order.	
March 2020	3.8	Patch IB*2.0*663 • Created Urgent Care visit tracking functionality and reporting. • Allows users to add / edit / review UC visits for individual patients. • Provides facility level reports for UC. • Added instructions and screen shots for Urgent Care. • Updated Cancel / Edit / Add Charges to prevent duplicate copayments for inpatient Per Diem and inpatient, and outpatient Long Term Care (LTC) copayments. • Updated the Third-Party Follow-Up report to correctly report Community Care.	Urgent Care IBAR Enhancements
January 2020	3.7	Patch IB*2.0*656 Updated Single Patient Means Test Billing Profile screen shots	Urgent Care IBAR Enhancements
December 2019	3.6	Patch IB*2.0*652 updates Additional NP action for Add Group Plan.	MCCF EDI TAS eInsurance
December 2019	3.5	Patch IB*2.0*627 Updated the following pages to reflect the Medal of Honor change and displays: Page 2, 32-33, 55, 58,163,165 ,170, and 174	EPMO TW
October 2019	3.4	Patch IB*2.0*631 Added Delete option to CV Coverage Limitations	MCCF EDI TAS eInsurance
September 2019	3.3	Patch IB*2.0*618 • VistA – Integrated Billing to allow new action types, rate types and AR categories to be mapped to Revenue Source Codes (RSC) and be externally reported within FMS systems using the RSC • Added VA Mission Act 2018 information to the Release of Information Report section.	Community Care Integrated Billing and Accounts Receivables Enhancements

Date	Revision	Description	Author
July 2019	3.2	Patch IB*2.0*624 Updated Release of Information Report criteria.	ePharmacy Development Team
March 2019	3.1	Patch IB*2.0*602 updates: • Added menu option Expire Group Plan in Patient Insurance Menu section, including description and screen and prompt samples.	MCCF EDI TAS eInsurance
October 2018	3.1	Patch IB*2.0*614: • Added information regarding adding / deleting charges for patients with a Category 1 High Risk for Suicide Patient Record Flag using the Cancel / Edit / Add Patient Charges option, p. 33 – 34. • Added IB MEANS TEST mail group, p. 282.	Suicide High Risk Patient Enhancements Team
May 2018	3.0	Patch IB*2.0*568 Updated Third Party Joint Inquiry sample screen shots – Type column for active and inactive bills	FY 16 Revenue Enhancements
August 2016	2.9	Patch IB*2.0*549 updates: • Updated Patient Policy Information screen shots. • Updated Patient Insurance Menu section. • Updated the List Plans by Insurance Company Report screen. • Added Insurance Plans Missing Data Report. • Updated MCCR Site Parameter Display/Edit section. • Updated MCCR Site Parameter Screen section.	FY15 eInsurance Development Team
August 2016	2.8	Updated Introduction to reference new Claims Tracking User Guide. Removed reference to Claim Tracking on p. 4. Moved Sections below to a separate Claims Tracking User Guide: • Claims Tracking Master Menu • Supervisors Menu (Claims Tracking) • Reports Menu (Claims Tracking)	Harris Team

Date	Revision	Description	Author
August 2016	2.7	Patch IB*2*0*550 updates: • Updated Title Page to current OI&T Standards. • Added description for Release of Information Report	Harris Team
August 2016	2.6	Updated for patch IB*2.0*562 • Add new option IB MT FIX/DISCH SPECIAL CASE p. 47	Redacted
June 2016	2.5	Comprehensive Updates for IB *2.0*529 and IB*2.0*530: • Updated title page and footers • Updated screen options p.24 – 27 • Added Reject Indicator p. 60 • Updated Insurance Payment Trend Report p. 146-147	Redacted
February 2016	2.4	Patch IB*2.0*525 and IB*2.0*528 updates: • Updated Patient to Subscriber • Added section on Manually Added HPIDs to Billing Claim Report to Patient Billing Reports Menu • Added material on viewing Patient Policy comments from Claims Tracking edit option	FY14 eInsurance Development Team
September 2015	2.3	Updates for IB*2.0*522, ICD-10 Patient Treatment File (PTF) Modifications: • Updated title page and footers. • Reformatted Revision History. • Added text describing patch changes to Enter / Edit Billing Information on p.45.	VA OIT Product Development, ICD-10 PTF Modifications Team
January 2015	2.2	Patch IB*2.0*521 updates: • Updated cover page. • Updated footer dates. • Updated screenshots on pages 34 and 296 for addition of HPID / OEID in TPJI.	Redacted FirstView Team
November 2014	2.1	Patch IB*2.0*519: • Modified footer • Updated screens for 'Insurance Company Editor' screens	Redacted FirstView Team

Date	Revision	Description	Author
September 2014	2.0	Patch IB*2.0*461 updates. • Changed all references to ICD-9 to generic ICD: p. 15, 116, 117, 122, 155 • Added ICD-10 text to Glossary: p. 334	Redacted

3/5/2014	1.9	Patch IB*2.0*385:
		
		• Updated and highlighted the following options under the Medication Copayment Income Exemption Menu to include changes implemented by the Veterans' Financial Assessment Project implemented with IB*2.0*385.
		    o Letters to Exempt Patients
		    o Reprint Single Income Test Reminder Letter
			Redacted

1/27/2014	1.8	Patch IB*2.0*497 updates: • Updated cover page. • Updated footer dates. • Replaced screenshots where screens went from double column to single column to accommodate longer fields.	Redacted FirstView Team
3/26/2013	1.7	Document formatting revisions: • Updated cover page. • Added blank pages and noted pages left intentionally blank: p. iv, 6, 8, 10, 12, 52, 78, 132, 138, 218, 292, and 308. • Removed extra blank pages. • Corrected heading styles and updated Table of Contents. • Added "Sample Screens" label to p. 187 and "Sample Output" label to p. 200. • Rearranged options in the IRM System Manager's Integrated Billing Menu section to better reflect actual menu layout in Table of Contents. Options were moved up to p. 298-307.	Redacted

Date	Revision	Description	Author
3/26/2013	1.6	Updated for patch IB*2.0*458: • Added new ROI Consent option to Claims Tracking Editor screen on pp. 17, 21, and 22 • Added new ROI Special Consent screen to p. 20 and 22 • Reformatted bulleted lists and added note about additional review types on p.18, 115, and 120 • Updated Days Denied Report description and sample output on pp. 142-143 • Added new ROI Expired Consent Report to p. 217 • Added new RC Change Facility Type option to Charge Master IRM Menu on p. 317	Redacted
3/26/2013	1.5	Updated for patch IB*2.0*474. Changed last sentence under "Rate Schedule Adjustment Enter/Edit" option on p.317.	Redacted
8/17/2011	1.4	Updated for patch IB*2.0*449. Technical writer review— formatting and convert to Section 508 compliant PDF.	Redacted
10/16/2007	1.3	Updated for patch IB*2*303	Redacted
5/27/2005	1.2	Re-paged for clarity.	Redacted
12/29/2004	1.1	Updated to comply with SOP 192-352 Displaying Sensitive Data.	Redacted
12/29/2004	1.0	Pdf file checked for accessibility to readers with disabilities.	Redacted

Preface

This is the user manual for the Integrated Billing (IB) software package.

This manual is designed to provide guidance to a broad range of users within Department of Veterans Affairs (VA) medical facilities in daily usage of the Integrated Billing software.

Related Manuals

Reference	Location
IB*2 Electronic Insurance Verification (eIV) User Guide	VDL
IB*2 EDI User Guide	VDL

Table of Contents

List of Tables

1. Introduction

The release of Integrated Billing (IB) version 2.0 introduces fundamental changes to the way Medical Care Cost Recovery (MCCR) related tasks are done. This software introduces three new modules:

1. Claims Tracking
2. Encounter Form Utilities
3. Insurance Data Capture

There are also significant enhancements to the two previous modules, Patient Billing and Third-Party Billing. IB has moved from a package with the singular purpose of identifying billable episodes of care and creating bills, to a package responsible for the whole billing process through to the passing of charges to Accounts Receivable (AR). Functionality has been added to assist in capturing patient data, tracking potentially billable episodes of care, completing Utilization Review (UR) tasks, and capturing more complete insurance information.

This version of IB has been targeted for a much wider audience than previous versions.

- The Encounter Form Utilities module is used by Medical Administration Service (MAS) Automated Data Processing Applications Coordinator (ADPAC)s or clinic supervisors to create and print clinic-specific forms. Physicians use the forms and consequently provide input into form creation.

- A separate Claims Tracking User Manual has been created and Claim Tracking module information can be located in that document. This new User Guide can be utilized by UR nurses within MCCR and Quality Management (QM) to track episodes of care, do pre-certifications, do continued stay reviews and complete other UR tasks.

- Insurance verifiers use the Insurance Data Capture module to collect and store patient and insurance carrier-specific data.

- Billing Clerks will see substantial changes with the enhancements provided in the Patient Billing and Third-Party Billing modules.

The following is an overview of the major functions of the Integrated Billing software, excluding the Encounter Form functionality. That information can be found in the IB User Manual, Encounter Form Utilities Module.

1.1. Patient Billing

- Updates the Cancel/Edit/Add option to identify retroactive award periods when determining the Enrollment Priority Group for Urgent Care (UC) charges, links Community Care (CC) Long Term Care (LTC) charges to filed Patient Treatment File (PTF) entries, updates the language to reflect PTF entries vice inpatient periods and adds a warning message when users do not have the correct security key assigned. Changed the IBUC VISIT MAINT option to utilize the IB EDIT security key for access. Added a new Cancellation Reason of PANDEMIC RESPONSE. Allows the RELEASE CHARGES ON HOLD report to update bill numbers for a single patient when multiple charges are released at the same time. Updated the UC visit count parameter to display the number of visits that are not in a REMOVED status. Prevents erroneous "Patient Not

Found at Site" messages from displaying in the IBUC URGENT CARE EXCEPTIONS report.

- Updates the Release Charges on Hold report so that users are not 'kicked out' when releasing multiple charges at the same time and updates the Urgent Care Visit Tracking Maintenance option to allow Facility Revenue (FR) supervisors to enter Free visits for Veterans that have a date discrepancy related to retro-active Priority Group changes via an override option.

- Updates the Urgent Care Visit Tracking functionality to automatically update all sites a patient where a patient receives care, ensures the nightly job runs appropriately, and changed the Veterans Health Information System and Technology Architecture (VistA) Urgent Care Exceptions mail group to public.

- Updates the List All Bills for a Patient report to allow users to filter by 1st or 3rd Party, define a date range for data, export the data to a MS Excel spreadsheet and ensures only one patient's data appears. Updates the 1st party Cancellation Reasons in the IB Charge Remove Reason file to inactivate UC-Entered in Error and UC-Change in Eligibility and activate UC-PG6 Reviewed. Updates the IB Cancel / Edit / Add Charges module to only allow changes with the IB EDIT security key.

- Incorporates the ability to add Urgent Care (UC) copayments in the Cancel / Edit / Add screens, provides functionality to track, modify and report UC visits, and automatically update all stations where a Veteran is enrolled with UC data in accordance with the MISSION Act of 2018.

- Automates billing of pharmacy, inpatient, Nursing Home Care Unit (NHCU), and outpatient copayments; inpatient and NHCU per diem charges; and passing charges to Accounts Receivable (AR).

- Automatically exempts patients who are eligible for VA Pension, Aid and Attendance, or House Bound benefits from the Medication Copayment requirement.

- Provides for manual assignment of hardship exemptions from the copayment requirement and the ability to track those exemptions.

- Integrates with the checkout functionality released in the PIMS V. 5.3 package. Patients who claim exposure to Agent Orange and environmental contaminants, and who are treated for conditions not related to this exposure, are billed automatically.

- Allows patient charges to be added, edited, or deleted if there is no automated charge or the automated charge is incorrect.

- Creates subsistence charges for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) patients and passes to Accounts Receivable. This functionality will not be activated until the AR package releases a patch that allows AR to process CHAMPVA receivables.

- Allows Means Test billing data to be transmitted between facilities in conjunction with PDX V. 1.5.

- Automatically creates Means Test charges when a verified Means Test is electronically received from the Income Verification Match (IVM) Center.

- Exempt Medal of Honor (MOH) recipients from medication copayments.

- Allows cancellation of medication copayment charge using the reason, Medal of Honor.

1.2. Third Party Billing

- Updated the Third-Party Follow-Up report to correctly report Community Care.

- Automates the creation of third-party billing forms (UB-82, UB-92, Health Care Finance Administration [HCFA-1500]), allowing for the entry, editing, authorizing, printing, and canceling of bills.

- Provides the ability to add prescription refills and prosthetic items to bills.

- Expands the UB-92 functionality to include ability to add / edit all unlabeled form locators (except 49), additional diagnosis.

- Provides a check-off sheet (can be replaced by the Encounter Form depending on local needs) that can be printed in a variety of site configurable formats to be used in clinics to identify Current Procedural Terminology (CPT) codes.

- Allows the transfer of CPT codes between the billing screens and the SCHEDULING VISITS file.

- Provides reports to identify billable episodes of care, patient and insurance inquiries, and statistical data.

- Provides the ability to create CHAMPVA bills. The user will not be able to transfer bills to Accounts Receivable until the AR package releases a patch that allows AR to process CHAMPVA receivables.

- Provides an employer report, which lists uninsured patients who are employed.

- Allows printing of all authorized bills in user-specified order.

- Provides an Automated Biller that will automatically generate reimbursable insurance bills for inpatient stays, outpatient visits, and prescription refills. With site parameters, sites can specify which types of events are billed using the Automated Biller.

- Provides an expanded HCFA-1500 claim form to include inpatient bills, user-specified charges, and multiple pages.

- Provides an addendum sheet to HCFA-1500 claim form to list the bill's prescription refills and prosthetic items.

1.3. Insurance Data Capture

- Stores multiple addresses (main mailing, outpatient claims, inpatient claims, prescription claims, appeals, inquiries) for each insurance carrier.

- Provides insurance company-specific billing parameters so bills can reflect local insurance company requirements.

- Provides the ability to establish group plans that will be pointed to by each patient with a policy attached to the plan. This saves re-entry of the same policy data for each patient.

- Stores annual benefits associated with group plans.

- Provides tools to maintain and / or clean up the INSURANCE COMPANY file.

- Allows patient insurance information to be updated and verified.

- Stores benefits used by a patient, such as deductibles and lifetime maximums.

- Provides an insurance worksheet for use by the insurance verifier.

1.4. Additional Functionality

- Purges data from selected IB files.

- Provides the medical centers flexibility in implementing the package functionality through site parameters.

- Provides the ability to enter new billing rates and VA pension income thresholds.

- Produces management reports to provide workload, productivity, statistical, and historical data.

Related materials include the IB User Manual, Encounter Form Utilities Module, IB Technical Manual, Package Security Guide, Installation Guide, and Release Notes. The Technical Manual assists the site manager in maintenance of the software. The Package Security Guide provides information concerning security requirements for the package. The Installation Guide helps in installation of the package while the Release Notes describe modifications and enhancements to the software that are new to this version.

2. Orientation

How to Use This Manual

This manual is presented in an online format, but it may also be printed; however, because its intent is for online viewing, and it is not anticipated that it will be printed in its entirety, it has not been formatted for double-sided printing.

The best way to navigate through this manual is by using the Table of Contents (for Word format) and Bookmarks (for pdf format). In later versions of Word, the user may also use the Navigation pane.

The Table of Contents and Bookmarks are presented in a format like the exported menu structure.

3. Package Management

Data in the INTEGRATED BILLING ACTION file should not be added to, edited, or deleted. This data is designed to provide an audit trail of transactions. If the charges for a copayment are removed, a separate transaction that is a cancellation type will be created and cause the decrease adjustment to be made. If charges are to be changed, the original (or last) charges are cancelled and the new charges are set-up as an update type transaction. Data in this file is maintained

through documented routine calls from the Outpatient Pharmacy and MAS packages to Integrated Billing. Data in other Integrated Billing files should be maintained through package options.

Instructions to enter new billing rates, and VA pension income thresholds, will be provided by VA Central Office (VACO) and / or the Albany Information Systems Center (ISC).

The automated billing of Category C veterans for outpatient copayments, inpatient copayments, and per diems happens automatically through links to the scheduling event driver, the MAS movement event driver, and the nightly background job.

There are numerous parameters in the IB SITE PARAMETERS file that affect the functional and technical operations of the billing software.

There are several options that have parameters that affect the operation of the IB package. The MCCR Site Parameter Enter/Edit option parameters affect the operation of the Patient and Third-Party Billing modules. The Select Default Device for Forms option affects where forms will print. The Claims Tracking Parameter Edit option affects the operation of the Claims Tracking module. The Enter/Edit Automated Billing Parameters option allows the site to determine when and which bills the Automated Biller generates. The Enter/Edit IB Site Parameters option on the System Manager's IB Menu affects many of the technical aspects of the IB package.

Per Veterans Health Administration (VHA) Directive 10-93-142, many of the IB routines, data dictionaries, and data files are not to be modified. Only the routines for Encounter Form utilities and selected outputs may be modified.

An electronic signature code is required for users of the Manually Change Copay Exemption (Hardships) option under the Medication Copayment Income Exemption Menu and the Purge Update File and Archive Billing Data options under the Purge Menu.

4.   Package Operation

On-line Help

When the format of a response is specific, a Help message is usually provided for that prompt. Help messages provide lists of acceptable responses or format requirements that provide instruction on how to respond.

A Help message can be requested by typing one or two question marks. The Help message will appear under the prompt, then the prompt will be repeated.

For example:

```
        BILLING LOCATION OF CARE: 1//
```

and the user needs assistance answering. Enter ?? and the Help message will appear.

```
        BILLING LOCATION OF CARE: 1// ??
        This identifies the type of facility at which care was administered.
             Choose from:
             1   HOSPITAL (INCLUDES CLINIC) - INPT. OR OPT.
             2   SKILLED NURSING (NHCU)
             3   CLINIC (WHEN INDEPENDENT OR SATELLITE)
        BILLING LOCATION OF CARE: 1//
```

For some prompts, the system will list the possible answers the user can select. Any time choices appear with numbers, the system will usually accept the number or the name.

A Help message may not be available for every prompt. If the user enters question marks at a prompt that does not have a Help message, the system will repeat the prompt.

> *NOTE:* *Users with "QUME" Terminals:*
>
> *It is very important that the user set up the Qume terminal properly. After entering access and verifying codes, the following prompt will appear:*
>
> ```
> Select TERMINAL TYPE NAME: {type}//
> ```

Please make sure that C-QUME is entered here. This entry will become the default and then enter <RET> for all subsequent log-ins. If any other terminal type of configuration is set, options using the List Manager utilities will not display nor function properly on the terminal.

5.   Billing Clerk's Menu

5.1.   Third Party Joint Inquiry (TPJI)

This option provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care. This information is presented in List Manager Screens. Because the same actions are available on most screens, and most screens can be accessed from any other screen; these "Common Actions" are listed first and are not repeated under each screen description. Only actions specific to a screen are included with that screen description.

> *NOTE:* *When viewing the TPJI main screen, the user must have already selected a specific Claim # for which to see additional information.*

The user may QUIT from any screen; it will bring the user back one level or screen. EXIT is also available on most screens. EXIT returns the user to the menu. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Third Party Joint Inquiry Sample Screen

```
Claim Information            Jun 26, 2014@09:08:14        Page:   1 of    3
%Kxxxxxx    xxxxxxx E  xxxx         DOB: xxxxx   Subsc ID: xxxxxxxxx
-------------------------------------------------------------------------------
  Insurance Demographics
    Bill Payer: CIGNA*
 Claim Address: CIGNA HEALTH CARE*
               PO BOX 188017
               ANYTOWN, TN 37422
   Claim Phone: XXX-XXX-XXXX
  Subscriber Demographics
  Group Number: 321XXXX
    Group Name: INTERNATIONAL PAPER
 Subscriber ID: U419XXXXXX
      Employer: xxxxxxxxxxxxx
Insured's Name: xxxxxxxxxx
-------------------------------------------------------------------
+         |% EEOB | Enter ?? for more actions|
-------------------------------------------------------------------
```

```
BC   Bill Charges          AR   Account Profile      VI   Insurance Company
DX   Bill Diagnosis        CM   Comment History      VP   Policy
PR   Bill Procedures       IR   Insurance Reviews    AB   Annual Benefits
CB   Change Bill           HS   Health Summary       EL   Patient Eligibility
ED   EDI Status            AL   Go to Active List     EB   Expand Benefits
RX   ECME Information       EP   ERA/835              EX   Exit
```

Table 1: Common Actions

Acronym	Description	Action
BC	Bill Charges	Accesses the Bill Charges screen.
DX	Bill Diagnoses	Accesses the Bill Diagnoses screen.
PR	Bill Procedures	Accesses the Bill Procedures screen.
CB	Change Bill	Accesses the Change Bill screen.
ED	EDI Status	Accesses the EDI Status screen.
RX	ECME Information	Accesses the EDI Information screen.
AR	Account Profile	Accesses the Account Profile screen.
CM	Comment History	Accesses the Comment History screen.
IR	Insurance Reviews	Accesses the Insurance Reviews screen.
HS	Health Summary	Displays a Health Summary report. The information displayed on the Health Summary is site specified through the MCCR Site Parameter Display / Edit option.
AL	Go to Active List	Returns the user to the Third-Party Active Bills screen if that screen was accessed upon entering this option; otherwise, this action returns the user to the menu.
EP	ERA/835	Accesses the ERA / 835 screen.
VI	Insurance Company	Accesses Insurance Company Screen.
VP	Policy	Displays the same information and action options as when selecting the same action option from TPJI Main Screen and returns the user to the ERA / 835 screen.
AB	Annual Benefits	Accesses the Annual Benefits screen.
EL	Patient Eligibility	Displays the same information and action options as when the same action option is selected from the TPJI Main Screen and returns the user to the ERA/835 screen.
EB	Expand Benefits	Displays detailed information on patient benefits.
EX	Exit	Exit the TPJI Claim Information screen.
CI	Go to Claim Screen	Returns the user to the Claim Information screen from any of the common actions screens and is available on all screens that may be opened from the Claim Information screen.

5.2. Third Party Active Bills Screen

This is the first screen displayed if the user enters a patient name at the first prompt of this option. It lists all active third-party bills for the specified patient in order of date created. All bills created in the Integrated Billing Third Party Billing module can be found on this screen or the Inactive Bills screen.

Third Party Active Bills Screen Sample

```
Third Party Active Bills        Feb 28, 2018@15:19:44        Page:    1 of    1
IBPATIENT,ONE    I9999                                                   NSC
    Bill #      From     To       MT? Type Stat Rate     Insurer Orig Amt Curr Amt
1  %XXXXXXX   01/03/17 01/03/17 NO  O/I/O A   REIM IN  NALC HI  8451.27 7519.05
2  %XXXXXXX   02/13/17 02/13/17 NO  O/I/O A   REIM IN  NALC HI   230.73  230.73
3   XXXXXXXX  04/04/17 04/04/17 NO  O/ /R A   REIM IN  CAREMAR   158.68   78.52
4   XXXXXXXX  05/02/17 05/02/17 NO  O/ /R A   REIM IN  CAREMAR   132.31   93.12
5   XXXXXXXX  05/05/17 05/05/17 NO  O/ /R A   REIM IN  CAREMAR   158.68   78.52
           |r Referred|* MT on Hold |+ Multi Carriers|% EEOB|
CI  Claim Information    IL  Inactive Bills        PI  Patient Insurance
CP  Change Patient       HS  Health Summary        EL  Patient Eligibility
Select Action: Quit//
```

Table 2: Common Actions

Acronym	Description	Action
IL	Inactive Bills	Accesses the Inactive Bills screen.
PI	Patient Insurance	Accesses the Patient Insurance screen.
CP	Change Patient	Allows the user to select another patient and re-displays the Third-Party Active Bills screen for that patient.

5.3. Inactive Bills Screen

This screen lists inactive bills for a specified patient. All bills created in the Integrated Billing Third Party Billing module are found on this screen or the Third-Party Active Bills screen. Bills are displayed beginning with most recent "statement from" date.

Inactive Bills Screen Sample

```
Inactive Bills                Feb 28, 2018@15:40:48        Page:    1 of    4
IBPATIENT,ONE    I9999                      ** All Inactive Bills **   (51)
    Bill #      From     To       Type Stat Rate     Insurer  Orig Amt Curr Amt
1   XXXXXXX   05/05/13 05/05/13 O/I/O CB  REIM IN             0.00     0.00
2  %XXXXXXX   04/02/13 04/02/13 O/I/O CC  REIM IN  +CLAIMS  3932.93     0.00
3   XXXXXXX   04/01/13 04/16/13 I/P/I CB  REIM IN  +MEDICAR    0.00     0.00
4  %XXXXXXX   04/01/13 05/05/13 I/P/I CC  REIM IN  +CLAIMS   104.29     0.00
5   XXXXXXX   04/01/13 05/05/13 I/P/I CB  REIM IN  +MEDICAR    0.00     0.00
6  %XXXXXXX   03/28/13 04/01/13 I/I/I CC  REIM IN  +CLAIMS  1184.00     0.00
7  %XXXXXXX   03/28/13 04/01/13 I/P/I CC  REIM IN  +CLAIMS     2.05     0.00
8  %XXXXXXX   03/28/13 04/01/13 I/P/I CC  REIM IN  +CLAIMS    12.06     0.00
9  %XXXXXXX   03/28/13 04/01/13 I/P/I CC  REIM IN  +CLAIMS    25.93     0.00
10 %XXXXXXX   03/28/13 04/01/13 I/P/I CC  REIM IN  +CLAIMS     1.71     0.00
11 %XXXXXXX   03/28/13 04/01/13 I/P/I CC  REIM IN  +CLAIMS     5.48     0.00
12 %XXXXXXX   03/28/13 04/01/13 I/P/I CC  REIM IN  +CLAIMS    19.54     0.00
13 %XXXXXXX   03/28/13 04/01/13 I/P/I CC  REIM IN  +CLAIMS    16.29     0.00
14 %XXXXXXX   03/28/13 04/01/13 I/P/I CC  REIM IN  +CLAIMS    19.54     0.00
```

```
15 %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS      20.20      0.00
16 %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS       1.71      0.00
+          |r Referred|* MT on Hold |+ Multi Carriers|% EEOB|
CI  Claim Information    AL  Go to Active List    CD  Change Dates
                                                  EX  Exit
Select Action: Next Screen//
```

Table 3: Common Actions

Acronym	Description	Action
CD	Change Dates	Allows the user to change the bills listed by changing the most recent "statement from" date to be displayed.

5.4. Patient Insurance Screen

This screen displays the list of insurance policies for a patient. It is based on the Patient Insurance Management screen of the Patient Insurance Info View/Edit option. It is only available from the Third-Party Active Bills screen.

Patient Insurance Sample Screen

```
Patient Insurance   May 31, 1995 @10:07:11    Page 1 of  1
Insurance Management for Patient: IBpatient,one       XXXX
  Insurance Co.   Type of Policy    Group     Holder   Effect.     Expires
1 HEALTH INS LTD  GN                48923222  SELF     01/01/87
2 ABC             MAJOR MEDICAL AE  76899354  SPOUSE   10/1/90     11/30/95
3 XYZ INS         INDEMNITY         T109      OTHER    10/1/94     01/01/95
4 BC/BS           MAJOR MEDICAL GN  392043    SELF     01/01/90    12/31/92


VI   Insurance Company     VP   Policy     AB  Annual Benefits
AL  Go to Active List                      EX  Exit Action
Select Action: Quit//
```

5.5. Claim Information Screen

This screen contains bill data and status information to provide an overall status of the bill. This is the primary claim screen for the inquiry and many actions are provided to expand on claim details.

If a policy has been updated but the bill has not, those changes are not reflected on this screen. Updated or current insurance information may be viewed using the three insurance screens.

Claim Information Screen

```
Claim Information            Dec 12, 2013@08:10:10       Page:  1 of   3
XXXXXXXX    PXXXX       DOB: XX/XX/XX   Subsc ID: XXXXXXXXX
-------------------------------------------------------------------------
 Insurance Demographics
   Bill Payer: CAREMARK 6XXXXX
Claim Address: PO BOX XXXXX
              ANYTOWN, AZ XXXXX
  Claim Phone: XXX-XXX-XXXX
 Subscriber Demographics
 Group Number: GRP PLN 1605501
   Group Name: GICRX
Subscriber ID: XXXXXXXXX
     Employer: BIG COMPANY
Insured's Name: IB,SPOUSE
 Relationship: SPOUSE
```

```
+---------|% EEOB | Enter ?? for more actions|-----------------------------
BC  Bill Charges          AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       IR  Insurance Reviews    AB  Annual Benefits
CB  Change Bill           HS  Health Summary       EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information       EX  Exit
Select Action: Next Screen//   NEXT SCREEN
Claim Information            Dec 12, 2013@08:10:21      Page:   2 of   3
XXXXXXXX   PATIENT,IB PXXXX      DOB: XX/XX/XX Subsc ID: XXXXXXXXX
+------------------------------------------------------------------------
                        Claim Information
  Bill Type: OUTPATIENT                  Charge Type:
 Time Frame: ADMIT THRU DISCHARGE        Service Dates: 01/31/12 - 01/31/12
  Rate Type: REIMBURSABLE INS.           Orig Claim:     12.85
  AR Status: COLLECTED/CLOSED            Balance Due:     0.00
   Sequence: PRIMARY
   Purch Svc: NO
     ECME No: XXXXXXXXXXXX
  ECME Ap No: XXXXXXXXXXXXXXXXXXX
         NPI: XXXXXXXXXX
        HPID: XXXXXXXXXX
+---------Enter ?? for more actions----------------------------------------
BC  Bill Charges          AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       IR  Insurance Reviews    AB  Annual Benefits
CB  Change Bill           HS  Health Summary       EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information       EX  Exit
Select Action: Next Screen//   NEXT SCREEN
Claim Information            Dec 12, 2013@08:10:24      Page:   3 of   3
XXXXXXXX   PATIENT,IB  PXXXX      DOB: XX/XX/XX   Subsc ID: XXXXXXXXX
+------------------------------------------------------------------------
       Entered: 01/31/12  by  IB,TESTER
    Authorized: 01/31/12  by  IB,TESTER
  First Printed: 01/31/12  by  IB,TESTER
  Related Prescription Copay Information
 Rx: 2326479  Chg: $8.00   Status: On Hold   Bill:
---------Enter ?? for more actions----------------------------------------
BC  Bill Charges          AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       IR  Insurance Reviews    AB  Annual Benefits
CB  Change Bill           HS  Health Summary       EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information       EX  Exit
Select Action: Quit//
```

Table 4: Common Actions

Acronym	Description	Action
CB	Change Bill	Allows the user to change the bill being displayed. If the user entered a patient name at the first prompt of this option, only bills for that patient may be selected. If the user entered a bill number at the first prompt, any bill may be selected.

5.6. Bill Charges Screen

This screen displays a bill's charge information as it would print on the bill. For UB-92 bills, this closely corresponds to Form Locators 42 - 49; therefore, any prosthetic items, Rx refills, or additional diagnoses and procedures are included. For HCFA 1500 bills, this closely corresponds to Block 24.

Bill Charges Sample Screen

```
Bill Charges May 31, 1995 @10:07:11          Page 1 of 1
XXXXXX IBpatient,one      XXXX    DOB: X/XX/XX Subsc ID: XXXXXXXX
11/16/93 - 11/17/93 ADMIT THRU DISCHARGE      Orig Amt:   199.00


      OUTPATIENT VISIT
500    OUTPATIENT SVS               178.00        1      178.00
       PRESCRIPTION
257    DRGS/NONSCRPT        21.00          1        21.00
001    TOTAL CHARGE                               199.00


      OP VISIT DATE(S) BILLED:          NOV 16, 1993


      PRESCRIPTION REFILLS:
      XXXXX  NOV 17, 1993        ABBOCATH-T 18G 1.25 IN
                       QTY: 20 for 10 days supply
Bill Remark: This is a demonstration bill created for Joint Billing Inquiry


         Enter ?? for more actions
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Bill Charges Sample Screen continued...

```
Bill Charges May 31, 1995 @10:07:11          Page 1 of 1
XXXXXX IBpatient,one      XXXX    DOB: X/XX/XX Subsc ID: XXXXXXXX
03/02/94 - 03/31/94 INTERIM - FIRST CLAIM     Orig Amt: 11221.00

30 DAYS INPATIENT CARE
      INTERMEDIATE CARE
101    ALL INCL R&B        246.00        30     7380.00
240    ALL INCL ANCIL      48.00         30     1440.00
960    PRO FEE             49.00         30     1470.00
274    PROSTH/ORTH DEV     931.00        1      931.00
001    TOTAL CHARGE                            11221.00
       PROSTHETIC ITEMS:
       Sep 18, 1994  WHEELCHAIR
       Sep 21, 1994  CANE-ALL OTHER



         Enter ?? for more actions
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

5.7. Bill Diagnosis Screen

This screen displays all diagnoses assigned to the bill in the order printed.

Bill Diagnosis Sample Screen

```
Bill Diagnosis              May 17, 1996 14:07:56      Page:   1 of    1
XXXXXX   IBpatient,one    1111        DOB: XX/XX/XX    Subsc ID: XXXXXXXX
 11/16/93 - 11/17/93       ADMIT THRU DISCHARGE CLAIM  Orig Amt:   199.00


        1)     490.   BRONCHITIS NOS
        2)     030.1  TUBERCULOID LEPROSY
        3)     101.   VINCENT'S ANGINA
        4)     330.1  CEREBRAL LIPIDOSES
        5)     461.0  AC MAXILLARY SINUSITIS
        6)     310.0  FRONTAL LOBE SYNDROME
        7)     200.01 RETICULOSARCOMA HEAD


        Enter ?? for more actions
BC   Bill Charges         AR  Account Profile      VI  Insurance Company
PR   Bill Procedures      CM  Comment History      VP  Policy
CI   Go to Claim Screen   IR  Insurance Reviews    AB  Annual Benefits
                          HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

5.8. Bill Procedures Screen

This screen lists all procedures assigned to a bill in the order printed.

Bill Procedures Sample Screen

```
Bill Procedures             May 17, 1996 14:12:58      Page:   1 of    1
XXXXXX   IBpatient,one     XXXX        DOB: X/XX/XX     Subsc ID: XXXXXXXX
 11/16/93 - 11/17/93       ADMIT THRU DISCHARGE CLAIM  Orig Amt:   199.00


 XXXXX SURGICAL CLEANSING OF SKIN 11/16/93
 XXXXX ADDITIONAL CLEANSING OF SKIN     11/16/93
 XXXXX REPAIR SUPERFICIAL WOUND(S)       11/16/93


        Enter ?? for more actions
BC   Bill Charges         AR  Account Profile      VI  Insurance Company
DX   Bill Diagnosis       CM  Comment History      VP  Policy
CI   Go to Claim Screen   IR  Insurance Reviews    AB  Annual Benefits
                          HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

5.9. AR Account Profile Screen

This screen provides the financial history of a claim's account. This includes the current status of the bill in both IB and AR, as well as the payment or transaction history of the bill from Accounts Receivable. This screen is loosely based on the Profile of Accounts Receivable option.

AR Account Profile Sample Screen

```
AR Account Profile          May 31, 1995 @10:07:11     Page:   1 of    1
XXXXXX   IBpatient,one     XXXX        DOB: XX/XX/XX   Subsc ID: XXXXXXXX
AR Status: ACTIVE         Orig Amt:  11221.00     Balance Due: 856.45

        04/01/94      IB Status: Printed  (Last) 11221.00     11221.00
```

```
1     1578   05/07/94      PAYMENT (IN PART)   7856.21        3364.79
2     1598   07/07/94      PAYMENT (IN PART)   2508.34        856.45
3     1601   07/08/94      COMMENT       0.00  856.45
      Total Collected:    10364.55
      Percent Collected: 92.37%
          Enter ?? for more actions
BC  Bill Charges          VT  Transaction Profile  VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       IR  Insurance Reviews    AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

Table 5: Common Actions

Acronym	Description	Action
VT	Transaction Profile	Accesses the AR Transaction Profile screen for a selected transaction.

5.10. AR Transaction Profile Screen

This screen displays detailed account transaction information for individual claim transactions. It is loosely based on the Accounts Receivable Transaction Profile option.

AR Transaction Profile Sample Screen

```
AR Transaction Profile    May 31, 1995 @10:07:11         Page 1 of 1
XXXXXX IBpatient,one      XXXX    DOB: XX/XX/XX      Subsc ID: XXXXXXX
AR Status: ACTIVE              Orig Amt:  11221.00   Balance Due: 856.45


       TRANS. NO:   1578   TRANS. TYPE: PAYMENT (IN PART)
       TRANS. DATE: 05/07/94    DATE POSTED: 05/10/94    (ARH)
       TRANS. AMOUNT:    7856.21     RECEIPT #:   XXXXXXXX
            BALANCE      COLLECTED
            ------------ --------------
       PRINCIPLE:  3364.79     7856.21
       INTEREST:   0.00   0.00
       ADMINISTRATIVE:   0.00   0.00
       MARSHALL FEE:0.00   0.00
       COURT COST:  0.00    0.00
            --------      ---------
       TOTAL: 3364.79     7856.21

       FY: 94 PR AMT: 3364.79         FY TR AMT: 7856.21
COMMENTS:  Date of Deposit: MAY 10, 1994


       Enter ?? for more actions
CI    Go to Claim Screen AL    Go to Active List   EX    Exit Action
Select Action: Quit//
```

5.11. AR Comment History Screen

This screen displays AR comments for the claim's account.

AR Comment History Sample Screen

```
AR Comment History       May 17, 1996 14:21:37      Page:  1 of   1
XXXXXX   IBpatient,one      XXXX       DOB: XX/XX/XX    Subsc ID: XXXXXXXX
AR Status: CANCELLED       Orig Amt: 1026.02      Balance Due: 1026.02
```

```
1582   04/21/92      Copy of bill sent.  FOLLOW-UP DT:05/12/92
              Carrier did not receive initial bill.
1594   05/20/92      Bill canceled, wrong form type.  FOLLOW-UP DT:06/01/92
              Carrier refuses to process this type of bill on a UB-92.
              They are requiring the HCFA 1500 form.


          Enter ?? for more actions
BC   Bill Charges          AR   Account Profile      VI   Insurance Company
DX   Bill Diagnosis        AD   Add AR Comment        VP   Policy
PR   Bill Procedures       IR   Insurance Reviews     AB   Annual Benefits
CI   Go to Claim Screen    HS   Health Summary        EL   Patient Eligibility
                           AL   Go to Active List     EX   Exit Action
Select Action: Quit//
```

Table 6: Common Actions

Acronym	Description	Action
AD	Add AR Comment	Allows the user to add an AR Transaction Comment to the bill being displayed. Comment transactions may not be added to a bill that has not been authorized in IB.

5.12. Insurance Reviews / Contacts Screen

This screen displays all insurance reviews and contacts for the episodes of care on a bill. It is based on the Insurance Reviews / Contacts screen of the Claims Tracking Insurance Review Edit option. The primary difference between the two screens is that this screen consolidates all contacts for each episode being billed on a claim, while the Claims Tracking screen displays the contacts for a single episode of care.

Insurance Reviews / Contacts Sample Screen

```
Insurance Reviews/Contacts   May 31, 1995 @10:07:11      Page:  1 of   1
Insurance Review Entries for: N10072     IBpatient,one       XXXX
     Date        Ins. Co.          Type Contact     Action    Auth. No. Days
       OUTPATIENT VISIT of AMBULATORY SURGERY OFFICE on 11/16/93
1    11/30/93     HEALTH INS LIMITED  1st Appeal-Clin   APPROVED    AU XXXXX
2    11/17/93     HEALTH INS LIMITED  OPT    DENIAL        0
       PRESCRIPTION REFILL of XXXXX on 11/17/93
3    11/17/93     HEALTH INS LIMITED  OPT    APPROVED      RN XXXXXXX


          Service Connected: NO   Previous Spec. Bills: TORT              >>>
BC   Bill Charges          AR   Account Profile      VI   Insurance Company
DX   Bill Diagnosis        CM   Comment History       VP   Policy
PR   Bill Procedures       VR   Reviews/Appeals       AB   Annual Benefits
CI   Go to Claim Screen    HS   Health Summary        EL   Patient Eligibility
                           AL   Go to Active List     EX   Exit Action
Select Action: Quit//
```

Table 7: Common Actions

Acronym	Description	Action
VR	Reviews/Appeals	Displays expanded information on a selected insurance contact. The screen accessed by this action will depend on the type of contact selected. If the contact is an appeal or denial, the Expanded Appeals / Denials screen is opened; otherwise, the Expanded Insurance Reviews screen is opened.

5.13. Expanded Appeals / Denials Screen

This screen displays expanded information on insurance appeals and denials listed on the Insurance Review / Contacts screen. This screen is based on the Expanded Appeals / Denials screen of the Claims Tracking Appeal/Denial Edit option.

Expanded Appeals / Denials Sample Screen

```
Expanded Appeals/Denials  May 31, 1995 @10:07:11    Page 1 of  2
Insurance Appeal/Denial for:      IBpatient,one         1111 ROI: NOT REQUIRED

      Visit Information   Action Information
      Visit Type:  OUTPATIENT VISIT    Type Contact:INITIAL APPEAL
      Visit Date:  03/09/94 9:00 am    Appeal Type: CLINICAL
      Clinic:      AMBULATORY SURGERY  Case Status: OPEN
      Appt. Status:CHECKED OUT  No Days Pending:
      Appt. Type:  REGULAR       Final Outcome:
      Special Cond:
      Clinical Information        Appeal Address Information
      Provider:          Ins. Co. Name:    HEALTH INS LIMITED
      Provider:          Alternate Name:
      Diagnosis:         Street line 1:     HIL - APPEALS OFFICE
      Diagnosis:         Street line 2:     1099 THIRD AVE, SUITE
      Special Cond:      Street line 3:
                 City/State/Zip:    ANYTOWN, NY  12345
      Insurance Policy Information
      Ins. Co. Name:      HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
      Group Number:GN 48923222   Subscriber ID:      XXXXXXXXX
      Whose Insurance:  VETERAN       Effective Date:     01/01/87
      Pre-Cert Phone:    XXX-XXX-XXXX E     Expiration Date:
      User Information   Contact Information
      Entered By:  EMPLOYEE      Contact Date:04/01/94
      Entered On:  11/16/93 3:30 pm   Person Contacted:  SPOUSE
      Last Edited By:        Contact Method:    PHONE
      Last Edited On:        Call Ref. Number:  RN XXXXXX
                 Review Date: 06/02/95
 Comments
 Policy should cover treatment.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
        Enter ?? for more actions                                   >>>
CI   Go to Claim Screen  AL    Go to Active List   EX     Exit Action
Select Action: Quit//
```

5.14. Expanded Insurance Reviews Screen

This screen displays expanded information on insurance reviews listed on the Insurance Reviews / Contacts screen. This screen is based on the Expanded Insurance Reviews screen of the Claims Tracking Insurance Review Edit option.

Expanded Insurance Reviews Sample Screen

```
Expanded Insurance Reviews        May 31, 1995 @10:07:11    Page 1 of   2
Insurance Review Entries for:     IBpatient,one     XXXX     ROI: NOT REQUIRED

      Contact Information Action Information
      Contact Date:11/17/93    Type Contact:OUTPATIENT TREATMEN
      Person Contacted:    Steve Opt Treatment:     RX REFILL
      Contact Method:     PHONE Action:        APPROVED
      Call Ref. Number:  RN XXXXXXX    Auth. Number:RN XXXXXXX
```

```
          Review Date: 06/02/95
          Insurance Policy Information
          Ins. Co. Name:     HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
          Group Number:GN 48923222  Subscriber ID:       XXXXXXXX
          Whose Insurance:   VETERAN        Effective Date:      01/01/87
          Pre-Cert Phone:     XXX-XXXX     Expiration Date:
          Appeal Address Information User Information
          Ins. Co. Name:     HEALTH INS LIMITED  Entered By:  EMPLOYEE
          Alternate Name:              Entered On:  11/17/93 12:54 pm
          Street line 1:     HIL - APPEALS OFFICE     Last Edited By:    EMPLOYEE
          Street line 2:     1099 THIRD AVE, SUITE 301 Last Edited On:    11/20/93
12:55 pm
          Street line 3:
          City/State/Zip:     ANYTOWN, NY 12345
 Comments
 One refill of prescription approved.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
          Enter ?? for more actions                                    >>>
CI    Go to Claim Screen  AL    Go to Active List   EX     Exit Action
Select Action: Quit//
```

5.15. Insurance Company Screen

This screen displays extended information on an Insurance Company. It is based on the
Insurance Company Editor screen of the Insurance Company Entry/Edit option. This screen may
be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill
is selected, this screen displays only information related to the insurance carriers assigned to that
bill.

Insurance Company Sample Screen

```
Insurance Company           May 17, 1996 15:25:42        Page:   1 of    5
Insurance Company Information for: HEALTH INS LIMITED                 Primary
Type of Company: HEALTH INSURANCE                     Currently Active

     Billing Parameters
     Signature Required?:      YES    Attending Phys. ID: AT PH ID VAXXXXXXX
     Reimburse?:  WILL REIMBURSE      Hosp. Provider No.:
     Mult. Bedsections: YES   Primary Form Type:
     Diff. Rev. Codes:         Billing Phone:
     One Opt. Visit:    NO     Verification Phone:
     Amb. Sur. Rev. Code:          Precert Comp. Name: ABC INSURANCE
     Rx Refill Rev. Code:          Precert Phone:     XXX-XXX-XXXX
     Filing Time Frame:
     Main Mailing Address
     Street:     2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
     Street 2:    FREAR BUILDING      Phone: XXX-XXXX
     Street 3:         Fax:  XXX-XXXX
     Inpatient Claims Office Information
     Street:     2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
     Street 2:    FREAR BUILDING      Phone: XXX-XXXX
     Street 3:         Fax:  XXX-XXXX
     Outpatient Claims Office Information
     Street:     789 3RD STREET      City/State:  ANYTOWN, NY 12345
     Street 2:         Phone: XXX-XXX-XXXX
     Street 3:         Fax:  XXX-XXX-XXXX
```

Insurance Company Sample Screen, continued

```
      Prescription Claims Office Information
      Company Name:GHI PROCESSING      Street 3:
      Street:       1933 CORPORATE DRIVE      City/State:  ANYTOWN, NY 39332
      Street 2:    TANGLEWOOD PARK     Phone: XXX-XXXX
      Fax:
      Appeals Office Information
      Street:       HIL - APPEALS OFFICE      City/State:  ANYTOWN, NY 12345
      Street 2:    1099 THIRD AVE, SUITE 301  Phone: XXX-XXXX
      Street 3:              Fax:   XXX-XXXX
      Inquiry Office Information
      Street:       2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
      Street 2:    FREAR BUILDING       Phone: XXX-XXXX
      Street 3:              Fax:   XXX-XXXX
  Remarks

  Synonyms

          Enter ?? for more actions                               >>>
BC  Bill Charges          AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       IR  Insurance Reviews    AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

5.16. Patient Policy Information Screen

This screen displays extended information on insurance policies. It is based on the Patient Policy Information screen of the Patient Insurance Info View/Edit option. This screen may be entered from either the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen will only display information related to the insurance policies assigned to the bill.

The PT action is used to view Patient Policy Comments history. This action does not allow one to add, edit, or delete comments.

> *NOTE:*   *The user will NOT be able to view the Patient Policy Comments history if TPJI was entered using a bill number at the first prompt of the option.*

Patient Policy Information Sample Screen

```
Patient Policy Information    Dec 12, 2013@08:13:21       Page:    1 of    5
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                 ** Plan Currently Active **
--------------------------------------------------------------------------
  Insurance Company
    Company: IB INSURANCE
     Street: SOME ST
   Street 2:
 City/State:  ANYTOWN, MD XXXXX
 Billing Ph: (XXX)XXX-XXXX
 Precert Ph: (XXX)XXX-XXXX
  Plan Information
    Is Group Plan: YES
       Group Name: GROUP NAME
     Group Number: XXXXXXXXX
            BIN:
```

```
              PCN:
      Type of Plan:
    Plan Filing TF:
        ePharmacy Plan ID:
+--------Enter ?? for more actions-----------------------------------------
AL  Active List      PT  Pt Policy Comments    EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```
```
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                   ** Plan Currently Active **
+--------------------------------------------------------------------------
     ePharmacy Plan Name:
   ePharmacy Natl Status:
  ePharmacy Local Status:
  Utilization Review Info              Effective Dates & Source
          Require UR: NO                     Effective Date: 01/01/13
    Require Amb Cert: NO                      Expiration Date:
    Require Pre-Cert: NO                       Source of Info: INTERVIEW
    Exclude Pre-Cond: NO         Stop Policy From Billing: NO
Benefits Assignable: YES
   Subscriber Information
    Whose Insurance: VETERAN
    Subscriber Name: IB,PATIENT
       Relationship: SELF
         Primary ID: XXXXXX
+---------Enter ?? for more actions-----------------------------------------
AL  Go To Active List    PT  Pt Policy Comments    EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```
```
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                   ** Plan Currently Active **
  Coord. Benefits: PRIMARY
  Subscriber's Employer Information
  Employment Status:                  Emp Sponsored Plan: No
          Employer:                  Claims to Employer: No, Send to Insurance
            Street:                     Retirement Date:
         City/State:
              Phone:
 Primary Provider:
  Prim Prov Phone:
  Subscriber's Information (use Subscriber Update Action)
     Insured's DOB: XX/XX/XXXX
            Str 1: SOME ST
            Str 2:
+---------Enter ?? for more actions-----------------------------------------
AL  Active List         PT  Pt Policy Comments    EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```
```
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                   ** Plan Currently Active **
+--------------------------------------------------------------------------
             City: SOME CITY
           St/Zip: MA  XXXXX
           SubDiv:
          Country:
            Phone: XXX-XXX-XXXX
    Insured's Sex: MALE
 Insured's Branch: ARMY
   Insured's Rank:
  Insurance Company ID Numbers (use Subscriber Update Action)
    Subscriber ID: XXXXXX
  Plan Coverage Limitations
```

```
   Coverage              Effective Date   Covered?      Limit Comments
+---------Enter ?? for more actions--------------------------------------------
AL  Active List         PT Pt Policy Comments   EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Patient Policy Information    Dec 12, 2013@08:13:39      Page:    5 of    5
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX   DoD: XX/XX/XXXX
IB INSURANCE                                      ** Plan Currently Active **
+------------------------------------------------------------------------------
  Comment -- Group Plan
 None
  Comment - Patient Policy
 Dt Entered  Entered By               Method      Person Contacted
+03/17/16    IB,CLERK
  Patient Policy Comment

  03/14/16    POSTMASTER
  TEST COMENT
  Personal Riders
    Rider #1: DENTAL COVERAGE
---------Enter ?? for more actions--------------------------------------------
AL  Active List          PT  Pt Policy Comments   EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```

5.17. Annual Benefits Screen

This screen displays extended information on the annual benefits of insurance policies. It is based on the Annual Benefits Editor screen of the Patient Insurance Info View/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill has been chosen, this screen displays information related to the insurance policies assigned to that bill.

Annual Benefits Sample Screen

```
Annual Benefits              May 17, 1996 15:39:23      Page:   1 of    3
Annual Benefits for: GHI Ins. Co                                Primary
        Policy: GN 48923222               Ben Yr: MAR 01, 1993
      Policy Information
    Max. Out of Pocket: $      500
    Ambulance Coverage (%):   85    %
      Inpatient
    Annual Deductible: $       500   Drug/Alcohol Lifet. Max:  $
    Per Admis. Deductible:   $       100    Drug/Alcohol Annual Max:  $
    Inpt. Lifetime Max: $             Nursing Home (%):
    Inpt. Annual Max:  $              Other Inpt. Charges (%):
    Room & Board (%):
      Outpatient
    Annual Deductible: $       50    Surgery (%):
    Per Visit Deductible:    $       50    Emergency (%):         85%
    Lifetime Max:$             Prescription (%):      80%
    Annual Max:  $             Adult Day Health Care?:    UNK
    Visit (%):                 Dental Cov. Type:   PERCENTAGE AMOU
    Max Visits Per Year:                   Dental Cov. (%):    48%
      Mental Health Inpatient    Mental Health Outpatient
    MH Inpt. Max Days/Year:           MH Opt. Max Days/Year:
    MH Lifetime Inpt. Max:   $        MH Lifetime Opt. Max:     $
    MH Annual Inpt. Max:     $        MH Annual Opt. Max: $
    Mental Health Inpt. (%):          Mental Health Opt. (%):
      Home Health Care     Hospice
    Care Level:               Annual Deductible: $
```

```
         Visits Per Year:                 Inpatient Annual Max.:     $
         Max. Days Per Year:              Lifetime Max.:      $
         Med. Equipment (%):              Room and Board (%):
         Visit Definition:               Other Inpt. Charges (%):
         Rehabilitation      IV Management
         OT Visits/Yr:           IV Infusion Opt?:   UNK
         PT Visits/Yr:           IV Infusion Inpt?:  UNK
         ST Visits/Yr:           IV Antibiotics Opt?:      UNK
         Med Cnslg. Visits/Yr:          IV Antibiotics Inpt?:     UNK
         User Information
         Entered By:  EMPLOYEE
         Entered On:  02/02/94
         Last Updated By:   EMPLOYEE
         Last Updated On:   02/18/94


         Enter ?? for more actions                                    >>>
BC  Bill Charges          AR  Account Profile     VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History     VP  Policy
PR  Bill Procedures       IR  Insurance Reviews   AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary      EL  Patient Eligibility
                          AL  Go to Active List   EX  Exit Action
Select Action: Quit//
```

5.18. Patient Eligibility Screen

This screen displays the current information on the patient's eligibility for care and service connection status. It is loosely based on the Eligibility Inquiry for Patient Billing option. This screen is available from the Third-Party Active Bills screen and the bill specific screens.

If this screen is accessed from one of the bill specific screens, such as the Claim Information screen, the standard list of bill screen actions will be available from this screen.

If this screen is accessed from the Patient Insurance screen, no other screens are available as actions from this screen; and the user must return to a previous screen to access other screens.

Patient Eligibility Sample Screen

```
Patient Eligibility          May 20, 1996 07:45:44      Page:   1 of    1
XXXXXX   IBpatient,one     1111        DOB:  XX/XX/XX   Subsc ID: XXXXXXX


          Means Test: CATEGORY A                    Insured: Yes
         Date of Test: 08/24/94                 A/O Exposure:
 Co-pay Exemption Test:                         Rad. Exposure:
          Date of Test:


    Primary Elig. Code: NSC
   Other Elig. Code(s): EMPLOYEE
                        AID & ATTENDANCE
     Service Connected: No
    Rated Disabilities: BONE DISEASE (0%-NSC)
                        DEGENERATIVE ARTHRITIS (40%-NSC)


       Enter ?? for more actions
BC  Bill Charges          AR  Account Profile     VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History     VP  Policy
PR  Bill Procedures       IR  Insurance Reviews   AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary      EX  Exit Action
                          AL  Go to Active List
Select Action: Quit//
```

5.19. Enter / Edit Billing Information

The IB EDIT security key is required to access this option.

The Enter / Edit Billing Information option is used to enter the information required to generate a third-party bill and to edit existing billing information. A new bill can be entered, or an existing bill can be edited, if the existing bill has not been authorized or cancelled. Once a bill has been filed (billing record number established), it cannot be deleted. The bill can be cancelled through the Cancel Bill option.

If the selected patient's eligibility has not been verified and the ASK HINQ IN MCCR parameter is set to YES, the user will have the opportunity to enter a HINQ (Hospital Inquiry) request into the HINQ Suspense File. This request will be transmitted to the Veterans Benefits Administration to obtain the patient's eligibility information. If Means Test data such as category, Means Test last applied, and date Means Test completed is available, it will be displayed after the patient's name or bill number has been entered.

When entering a new bill, the system will prompt for EVENT DATE. When billing for multiple outpatient visits, the date of the initial visit is used. For an inpatient bill, the date of the admission is used. If an interim bill is being issued, the EVENT DATE should be the date of admission for that episode of care.

The Medical Care Cost Recovery data is arranged so that it can be viewed and edited through various screens. The data is grouped into sections for editing. Each section is labeled with a number to the left of the data items. Data group numbers enclosed by brackets ([ ]) can be edited while those enclosed by arrows (<>) cannot. The patient's name, social security number, bill number, the bill classification (Inpatient or Outpatient) and the screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of every screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the data groups found on that screen and provides the name and number of each available screen in the option. Please see the Supplement at the end of this section for descriptions and samples of the billing screens.

The bill mailing address appears on this screen. Please see the Supplement at the end of this section for important information on how this is determined.

NOTE: *In September 2015, the Inpatient Bill / Claim was updated to accommodate the expanded number of ICD-10 diagnosis and procedure codes available in the Patient Treatment File (PTF). Enter/Edit Billing Information displays and allows selection of all diagnoses and procedures in the PTF record within the date range of the bill, and the screen displays the Present On Admission (POA) indicator associated with the diagnosis, if present in PTF. The screen also displays an asterisk "*" before each PTF ICD procedure that matches a procedure and date already assigned to the bill. It is possible that the same procedure may be completed multiple times on the same date. These duplicate ICD procedures are displayed in the list of PTF ICD procedures as separate line items, and duplicates can be added to the bill.*

When insurance companies are entered into the INSURANCE COMPANY file, the system prompts for whether this company will reimburse VA for the cost of the patient's care. Entry of an insurance company that has been designated as "will not reimburse" is not allowed at this

screen. For bills where the payer is the insurance company and the patient has <u>one</u> insurance company that will reimburse the government, that company will be stored as the primary insurance company. Inactivating the insurance company has no effect on the insurance carriers associated with the bill.

Selection of insurance companies is limited to the primary, secondary, and tertiary insurance companies that are billable for the event date. A provider number can be entered for each of the three possible insurance carriers. This field will be loaded from the Hospital Provider Number if one has been entered for the insurance carrier.

Insurance company addresses can only be edited through the Insurance Company Entry/Edit option.

Any bill with a CHAMPVA rate type requires the primary insurance carrier to have a type of coverage defined as CHAMPVA; otherwise, the bill cannot be authorized.

If the MULTIPLE FORM TYPES site parameter is set to YES, a form type prompt will appear. The UB-82 and UB-92 are considered a single form, so for a site to have multiple forms it would have to use one of the UB forms and the HCFA-1500.

Changing the form type to HCFA-1500 will cause the CODING METHOD field to default to CPT-4 if it has not already been defined. Changing the primary insurance carrier or responsible institution will cause the revenue codes to be rebuilt and charges to be recalculated.

If the MCCR site parameter USE OP CPT SCREEN is set to YES, the Current Procedural Terminology Code Screen will appear when editing procedure codes. The screen will list CPT codes for the dates associated with the bill.

An associated diagnosis (diagnosis responsible for the procedure being performed) must be entered for each procedure for HCFA-1500s. the user can enter from one to four associated diagnoses. The associated diagnosis must match one of the first four diagnoses entered.

Adding a BASC procedure or an OP VISIT DATE will cause the revenue codes to be rebuilt and charges recalculated for both UB-82 / 92 and HCFA-1500 form types. Only one visit date is allowed on a UB-82 / 92 that also has BASC procedures. This restriction does not apply to HCFA-1500s.

A print order can be specified for each procedure / diagnosis entered. If no print order is specified, the procedures / diagnoses will print in the order entered. The six procedures and nine diagnoses with the lowest print order will be printed in the boxes on the form and the remainder will print as additional procedures / diagnoses.

If the TRANSFER PROCEDURES TO SCHED? parameter is set to YES, any ambulatory surgery entered on the bill can be transferred to the Scheduling Visits file and stored under a 900 stop code. An associated clinic must be entered for all procedures that are to be transferred to the SCHEDULING VISITS file.

Several site parameters and two security keys affect the prompts that will appear at the end of this option. Please see the Supplement at the end of this section for an explanation of how these site parameters and security keys affect the option.

A mail group can be specified (through the site parameters) so that every time a bill is disapproved during the authorization phase of the billing process, all members of this group are notified via electronic mail. If this group is not specified, only the billing supervisor, the initiator of the billing record and the user who disapproved the bill will be a recipient of the message. An example of this message can be found in the Supplement.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that can be produced from this option. The data elements, and design of these forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. The billing forms must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that may be produced from this option. The data elements, and design of these forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. The billing forms must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

5.20. Automated Means Test Billing Menu

5.20.1. Cancel / Edit / Add Patient Charges

The IB AUTHORIZE security key is required to access this option. Only holders of the IB EDIT Security Key have access to the AC (Add Charges) function and the IBUC VISIT MAINT option so that Separation of Duties can be maintained.

The Cancel/Edit/Add Patient Charges option allows the user to manually cancel, edit, or add per diem and copayment patient charges or Community Care services for a specified patient and date range. When a charge is edited, the original charge is canceled, and a new charge is added. Once added or edited, the charges are passed to Accounts Receivable. The user may receive Accounts Receivable mail messages when editing / canceling through this option.

The user cannot add medication copayment charges for patients determined to be exempt from the medication copayment requirement.

The user can choose whether to include pharmacy copay charges. Only pharmacy charges that have been added through this option can be edited or deleted through this option.

The user can also choose to bill CHAMPVA inpatient subsistence charges for past admissions. (Current and future admissions will be billed automatically at discharge). The CHAMPVA inpatient subsistence charge may be canceled through this option, but it will be canceled **only** in IB. The user **must** go into the AR module to decrease the receivable to zero ($0).

Charges are displayed for the specified patient and date range and several "actions" can be taken against these charges. The user can add/edit/cancel a charge, pass a charge to Accounts Receivable, change to another patient or date range, update an event by changing the event status, or change the date used to record the last date for which Means Test charges were billed for the admission.

List Manager actions are also available (e.g., First Screen, Last Screen, Up a Line, Down a Line, etc.). If the user needs help utilizing the List Manager functionality, please refer to the Appendix of this user manual.

Once action has been taken on a charge, the screen is redisplayed showing the new data. If the user has edited a charge, the status of the original entry is changed to CANCELLED, and two new entries are added. The first entry offsets the original charge (the amount appears in parentheses indicating a credit) and the new charge is shown.

Charges added or edited through this option are added / edited to the INTEGRATED BILLING ACTION file (#350). When adjustments are made through this option that affect the number of inpatient days or inpatient amount, the user is prompted to choose whether the user wishes to make the adjustment to the Means Test Billing Clock.

If the option Add/Edit/Cancel is used for Pharmacy CoPay changes, no back billing will take place.

Public Law 114-315 dated December 16, 2016, the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016, makes Medal of Honor recipients eligible for Veterans Affairs: (1) hospital, nursing home, and domiciliary care; (2) extended care services for non-service-connected disabilities, with no copayment; and (3) medications, with no copayment. Outpatient Pharmacy Copayment charges can be cancelled using the reason, Medal of Honor.

Public Law 115-182 dated June 6, 2018, the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 ends the Veterans Choice Program and established a new Veterans Community Care benefit allowing Veterans to receive Urgent Care services through VA's network of community providers.

5.20.1.1. Canceling Duplicate Copay Charges from Within Add A Charge

Occasionally, the user may encounter a scenario where a patient already has a Medical (either an Inpatient, Outpatient, or LTC) copay for the day, the user is entering the copayment for. The Add A Charge action will allow the user to cancel the duplicate copayment if an existing copayment is smaller than the copayment attempting to be entered.

```
                         A D D    A    C H A R G E
-----------------------------------------------------------------------
   Name: IBPatient, One                  ** NO ACTIVE BILLING CLOCK **
     ID: XXX-XX-XXXX
-----------------------------------------------------------------------
Select CHARGE TYPE: OUTPATIENT COPAY  DG OPT COPAY NEW
Visit Date: 8/23  (AUG 23, 2020)
     This charge will be billed under the following closed clock:
      Begin Date: 08/01/19    # Inpt Days:
      Closed Date: 07/30/20    1st 90 Days: $0
     Select one of the following:
         C          Clinic
         S          Stop Code
Enter response: Stop Code
Select OUTPATIENT VISIT STOP CODE: 307     GASTROENTEROLOGY EffDate:12/06/01 Spe
cialty
Charge to be billed under the Specialty Care Rate --> $50.00
This patient has already been billed a medical copayment for this date.
Please review the associated dates and charges for this patient.
BILL     BILL                          STOP BILL
FROM       TO       CHARGE TYPE        CODE NUMBER        STATUS    CHARGE
-----------------------------------------------------------------------
08/23/20 08/23/20   CC (OPT) NEW                         ON HOLD   15
Do you wish to cancel this existing copayment and continue billing the current
copayment?  : YES
```

```
Select CANCELLATION REASON: BILLE
     1    BILLED AT HIGHER TIER RATE
     2    BILLED LTC CHARGE
CHOOSE 1-2: 1  BILLED AT HIGHER TIER RATE
Okay to cancel this charge? YES
Updating the status of the charge to 'cancelled'... done.
Press RETURN to process the next charge or to return to the list:
The copayment was cancelled. Please continue adding the new copay.
          Press any key to continue.
Okay to add this charge? YES done.
Passing the charge directly to Accounts Receivable... done.
Press RETURN to process the next charge or to return to the list:
```

In addition, the Cancel a Charge (CC) action within the IB CANCEL/EDIT/ADD CHARGES option allows the user to re-bill a previously cancelled bill. In the example below, a $15 copay was cancelled because a $50 specialty visit was billed at the higher tier rate for the same day. If the user cancels the $50 specialty visit, the system will allow the user to re-bill the original $15 copay (for the same day) that was cancelled.

```
Charges                         Sep 21, 2020@14:13:58      Page:   1 of 1
Cancel/Edit/Add Charges                                09/22/19 THRU 09/21/20
Patient: IBPATIENT,FIVE IXXXX
    Bill From Bill To   Charge Type      Stop   Bill #   Status      Charge
1   09/15/20  09/15/20  OPT COPAY NEW    323             CANCELLED   $15
2   09/15/20  09/15/20  OPT COPAY NEW    307             ON HOLD     $50
          Enter ?? for more actions
AC  Add a Charge           CP  Change Patient       UE  Update Events
EC  Edit a Charge          CD  Change Date Range
CC  Cancel a Charge        PC  Pass a Charge
Select Action: Quit// CC   Cancel a Charge
Select Charge(s):  (1-2): 2
                       C A N C E L   A   C H A R G E
                          Processing Charge #2
------------------------------------------------------------------------------
   Name: IBPATIENT,FIVE XXXXXXX         Type: OPT COPAY NEW     307
     ID: XXX-XX-XXXX                    Amt: $50 (ON HOLD)
------------------------------------------------------------------------------
Select CANCELLATION REASON: ENTERED IN ERROR
Okay to cancel this charge? YES
Updating the status of the charge to 'cancelled'... done.
The following copay charges from the same date may be re-billed:
   Bill From Bill To  Charge Type      Bill #   Cancel Reason    Stop    Charge
------------------------------------------------------------------------------
 1 09/15/20  09/15/20 DG OPT COPAY NEW          ENTERED IN ERROR 323       $15
Please review the above list of potentially (re)billable items.
Select charge to re-bill (1 - 1) or type '^' to skip this step: 1
                       A D D   A   C H A R G E
------------------------------------------------------------------------------
   Name: IBPATIENT,FIVE XXXXXXX         ** NO ACTIVE BILLING CLOCK **
     ID: XXX-XX-XXXX
------------------------------------------------------------------------------
Select CHARGE TYPE: OUTPATIENT COPAY//   DG OPT COPAY NEW
Visit Date: SEP 15, 2020//   (SEP 15, 2020)
     This charge will be billed under the following closed clock:
      Begin Date: 07/04/19     # Inpt Days:
      Closed Date: 07/02/20    1st 90 Days: $0
      Select one of the following:
           C         Clinic
           S         Stop Code
Enter response: Stop Code
```

```
Select OUTPATIENT VISIT STOP CODE: 323    PRIMARY CARE/MEDICINE EffDate:10/01/02
                                                     Basic
Charge to be billed under the Basic Care Rate --> $15.00
Okay to add this charge? YES done.
Passing the charge directly to Accounts Receivable... done.
Press RETURN to process the next charge or to return to the list:
Rebuilding list of charges...
Charges                      Sep 21, 2020@14:15:31        Page:   1    1
Cancel/Edit/Add Charges                               09/22/19 THRU 09/21/20
Patient: IBPATIENT,FIVE IXXXX
   Bill From Bill To   Charge Type       Stop   Bill #   Status     Charge
1  09/15/20 09/15/20   OPT COPAY NEW     323             CANCELLED   $15
2  09/15/20 09/15/20   OPT COPAY NEW     307             CANCELLED   $50
3  09/15/20 09/15/20   OPT COPAY NEW     323             ON HOLD     $15
         Enter ?? for more actions
AC  Add a Charge          CP  Change Patient       UE  Update Events
EC  Edit a Charge         CD  Change Date Range
CC  Cancel a Charge       PC  Pass a Charge
Select Action: Quit//
```

5.20.1.2. Canceling copay charges for patients with a Category 1 Patient Record Flag

The user can use the Cancel/Edit/Add Patient Charges option to manually cancel the outpatient visit copay charges for a patient with an active National Category 1 High Risk for Suicide flag. Select HRFS FLAGGED from the list of cancellation choices at the "Select CANCELLATION REASON:" prompt.

```
C A N C E L   A   C H A R G E
                        Processing Charge #1
-------------------------------------------------------------------------
   Name: IBPatient,one                    Type: CC URGENT CARE (OPT) NEW
    ID: 999-99-9XXX                       Amt: $30 (BILLED)
-------------------------------------------------------------------------

Select CANCELLATION REASON: ??

   Choose from:
   4           ENTERED IN ERROR
   9           EMPLOYEE
   11          PATIENT DECEASED
   14          ELIGIBILITY INCORRECT
   15          CHANGE IN ELIGIBILITY
   17          MT OP APPT NO-SHOW
   18          MT OP APPT CANCELLED
   19          MT CHARGE EDITED
   20          INSURANCE CO PAID IN FULL
   22          MT STATUS CHANGED FROM YES
   23          COMP & PENSION VISIT RECORDED
   24          CHAMPVA ADMISSION DELETED
   25          RECD INPATIENT CARE
   26          CHECK OUT DELETED
   27          CLASSIFICATION CHANGED
   28          RESEARCH VISIT/ADMISSION
   29          SERVICE CONNECTED VISIT/ADM
   30          HARDSHIP GRANTED
   31          ADJUDICATED AS CATEGORY A
   32          TREATED AT OTHER FACILITY
   33          AGENT ORANGE RELATED
   34          IONIZING RAD RELATED
   35          SOUTHWEST ASIA RELATED
   36          CLASS II DENTAL VISIT
```

```
      37              MILITARY SEXUAL TRAUMA
      39              CANCER OF HEAD/NECK
      41              PURPLE HEART CONFIRMED
      42              BILLED AT HIGHER TIER RATE
      43              BILLED LTC CHARGE
      44              COMBAT VETERAN
      47              KATRINA AFFECTED VETERAN
      48              PROJECT 112/SHAD
      50              HRFS FLAGGED
      53              UC - DUPLICATE VISIT
      54              UC - SEQUENCE UPDATE
      55              MEDAL OF HONOR
      56              UC - PG6 REVIEWED
      57              PANDEMIC RESPONSE
Select CANCELLATION REASON:
```

> **NOTE:** *The user cannot add an outpatient visit copay charge for a patient with an active National Category 1 High Risk for Suicide flag.*

```
                       A D D   A   C H A R G E
-------------------------------------------------------------------------------
   Name: IBPATIENT,ONE                  ** ACTIVE BILLING CLOCK **
     ID: XXX-XX-XXXX                        Clock Begin Date: 05/30/18
-------------------------------------------------------------------------------
Select CHARGE TYPE: OUTPATIENT COPAY  DG OPT COPAY NEW
Visit Date: T  (JUL 02, 2018)
This patient is 'Exempt' from Outpatient Visit charges on that date of service.
Press RETURN to process the next charge or to return to the list:
```

5.20.2. Adding Prescription Copay Charges for Patients with a National Category 1 Patient Record Flag

When adding an outpatient prescription copay charge for a patient with an active National Category 1 High Risk for Suicide flag, enter the prescribed days' supply of medication at the "DAYS SUPPLY:" prompt. The prescription copay charge will be prorated for a Days Supply of less than 30 days, including refills for a 30-day period.

```
                       A D D   A   C H A R G E
-------------------------------------------------------------------------------
   Name: IBPATIENT,AFIVE                 ** NO ACTIVE BILLING CLOCK
     ID: XXX-XX-XXXX
-------------------------------------------------------------------------------
Select CHARGE TYPE: NSC PHARMACY COPAY  PSO NSC RX COPAY NEW
Rx Date: T  (JUL 02, 2018)
ENTER THE COPAY TIER:  (1-3): 2//
DAYS SUPPLY:  (1-90): 30// 15
Units:  1
Charge to be billed --> $4.00

Okay to add this charge?
```

5.20.3. Canceling Copay Charges for Patients with an Urgent Care Visit

The user can use the Cancel/Edit/Add Patient Charges option to manually cancel the outpatient visit copay charges for a patient with an Urgent Care visit. There are six regular cancellation reasons and three UC cancellation reasons available, select the appropriate reason code of;

PATIENT DECEASED, RECD INPATIENT CARE, BILLED AT HIGHER TIER RATE, ENTERED IN eRROR, cHANGE IN ELIGIBILITY, PANdEMIC RESPONSE, UC-Duplicate Visit, UC-Sequence Update and UC-PG6 REVIEWED from the list of cancellation choices at the "Select CANCELLATION REASON:" prompt.

A UC copay can ONLY be cancelled using the cancellation codes listed. The UC visit tracker will be updated when a UC cancellation reason is selected.

- PATIENT DECEASED – Removes the copayment and visit from tracking. The letter (R) signifying the visit was Removed is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.

- RECD INPATIENT CARE – Removes the copayment and lists the encounter as Visit Only in the UC Visit Tracking Maintenance report. The letter (V) signifying the visit as Visit Only is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.

- BILLED AT HIGHER TIER RATE - Removes the copayment and lists the encounter as Visit Only in the UC Visit Tracking Maintenance report. The letter (V) signifying the visit as Visit Only is appended to the visit in the UC Visit Tracking Maintenance report.

- Entered in Error – Removes the copayment and visit from tracking and being counted. The letter (R) is appended to the to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report. This will impact patients with Free visits.

- Change in Eligibility – Does not remove the visit from tracking. May provide a patient with Free visits if the eligibility is moved to a higher Priority Group. The letter (F) signifying the visit as a Free visit is appended to the to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.

- UC - PG6 REVIEWED – Removes the copayment and lists the encounter as Visit Only in the UC Visit Tracking Maintenance report. The letter (V) signifying the visit as Visit Only is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.

- UC-Duplicate Visit - Removes the copayment and visit from tracking and being counted. The letter (R) signifying the visit was Removed is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report. This will impact patients with Free visits.

- UC-Sequence Update - Does not remove the visit from tracking. May provide a patient with Free visits if a visit from a different station precedes a visit at the home station. May be used to ensure collection credit is provided to the correct facility. The letter (F) signifying the visit as a Free visit is appended to the to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.

- PANDEMIC RESPONSE - Removes the copayment and visit from tracking and being counted. The letter (R) signifying the visit was Removed is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report. This will impact patients with Free visits.

```
                    C A N C E L   A   C H A R G E
                    Processing Charge #1
--------------------------------------------------------------------
   Name: IBPatient,one              Type: CC URGENT CARE (OPT) NEW
     ID: 999-99-9XXX                 Amt: $30 (BILLED)
--------------------------------------------------------------------
Select CANCELLATION REASON: ??
   Choose from:
   4              ENTERED IN ERROR
   11             PATIENT DECEASED
   15             CHANGE IN ELIGIBILITY
   25             RECD INPATIENT CARE
   42             BILLED AT HIGHER TIER RATE
   43             BILLED LTC CHARGE
   53             UC - DUPLICATE VISIT
   54             UC - SEQUENCE UPDATE
   56             UC - PG6 REVIEWED
   57             PANDEMIC RESPONSE
Select CANCELLATION REASON:
```

5.20.4. Patient Billing Clock Maintenance

The IB AUTHORIZE security key is required to access this option.

This option allows adding or editing of patient billing clocks. Most often this option will be used to add or edit clocks of patients transferred from other facilities. The following fields are editable: clock begin date, status, 90-day inpatient amounts, and number of inpatient days. A free text field is also provided to include a reason for the update.

The fields contained in this option are used to determine, and directly affect, the copayment charges billed to the patient for care received. These fields can also be affected by other options such as the Cancel/Edit/Add Patient Charges option. For further details, please see that option documentation.

The clock will automatically be closed after 365 days or on the date the patient is no longer Category C, whichever is earlier. Billing clocks that may have been "left open" due to a lack of billable activity will be closed during the nightly compilation job that is run automatically. Billing clocks that must be deleted for any reason will have a status of CANCELLED.

5.20.5. Estimate Category C Charges for an Admission

This option is used to estimate the Means Test / Category C charges for an episode of hospital or nursing home care for a proposed length of stay. It can also be used to estimate charges to be billed to a current inpatient for the remainder of his/her stay.

The report will indicate whether the patient has an active billing clock, the start date, and the number of inpatient days of care within that clock.

If a patient has an active clock and has already been charged a copayment for the current 90 days of inpatient care, that amount billed is shown. Also provided is the amount of copay and per diem that would be billed for this proposed episode of care.

The following table provides a description of the fields.

Table 8: Field Descriptions

Field	Description
Clock Date	Date the current billing clock began for this patient.
Days of Inpatient Care within Clock	Number of days of inpatient care within the current billing clock.
Copayments made for Current 90 days of Inpatient Care	Total amount of copayment made for the current 90 days of inpatient care for the current billing clock.
Copayment Charges for (type of care)	Amount of the copayment charge for this proposed inpatient stay. The copayment charge differs depending on the type of inpatient care; however, it will not exceed the current Medicaid deductible. Once the deductible is met, the patient is covered for a 90-day period. For the second, third and fourth 90 days of hospital care, the copayment charge is half of the current Medicaid deductible. For other than hospital care (i.e., NHCU), the full deductible applies for each 90 days of care.
Billing Dates (from/to)	Date(s) the copayment occurred. If the proposed episode of care was for a total of five days (2/1/92 – 2/5/92) but the deductible was met the first day, the billing dates (from and to) would reflect the first day only (2/1/92).
Inpatient Days (1st/Last)	On which days of the current 90 days of inpatient care this copayment occurred. If the patient previously had two days of inpatient care in the current 90 days and the deductible was met the first day of this proposed episode of care, the "inpatient days" would reflect day three as the days (1st and last) this copayment was incurred.
Clock Days (1st/Last)	On which days of the current billing clock this copayment was incurred. If the current billing clock began on 2/1/92 and the copayment for this proposed episode of care was incurred on 2/15 and 2/16/92, the "clock days" would reflect day 15 for the 1st and day 16 for the last.
Charge	Amount of the copayment or per diem charge for this proposed episode of care.
Per Diem Charges for (type of care)	A daily charge for the inpatient stay. No charge is incurred for the day of discharge (i.e., if the proposed inpatient stay is 2/1/92 thru 2/5/92 and the per diem rate is $10.00, the total per diem charge would be $40.00).
Total Estimated Charges	Total of the copayment and the per diem charges for the proposed inpatient stay

5.21. Urgent Care Visit Tracking Menu

5.21.1. Urgent Care Visit Tracking Maintenance

This report lists all Urgent Care visits for a patient during a calendar year that have a status of Free, Billed, Removed or Visit Only. The report provides the ability to Add/Edit visits to accurately record the patient's UC visits and assigned copayments.

Table 9: Status Descriptions

Status	Definition
Free	Per the MISSION Act of 2018, a PG 1-5 and certain PG 6 Veterans receive three (3) Free visits for UC services before being charged the copayment.
Billed	A UC visit that is billed the required copayment.
Removed	A UC visit that is not counted in the Veteran's visit total.
Visit Only	A UC visit counted for the total number of visits, but a copayment was not assigned.

Sample Output

Add an Urgent Care Visit

```
Select Urgent Care Visit Tracking Menu <TEST ACCOUNT> Option: UCVM  Urgent Care Visit
Tracking Maintenance
Select PATIENT NAME: Veteran, Air F        X-X-XX      99999999     NO     NSC VETERAN
CD
Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Enter Year: 2019// 2019
Urgent Care Visits in 2019 for VETERAN, Air Force  999-99-9XXX
==========================================================================
       1    Jun 06, 2019 F     7   Aug 15, 2019     13   Sep 03, 2019
       2    Jun 28, 2019       8   Aug 16, 2019     14   Sep 04, 2019 V
       3    Jul 03, 2019 F     9   Aug 17, 2019     15   Nov 13, 2019 R
       4    Jul 05, 2019 F     10  Aug 19, 2019     16   Nov 21, 2019
       5    Aug 01, 2019 R     11  Aug 21, 2019     17   Dec 01, 2019
       6    Aug 14, 2019       12  Sep 02, 2019     18   Dec 25, 2019
(A)dd an Urgent Care Visit, (E)dit an existing Visit, or (Q)uit: A// DD
Visit Date: 122519
(F)REE,(B)ILLED, or (V)isit Only: BILLED
Bill Number: ON HOLD
Is the above information correct?  : YES
Enter RETURN to continue or '^' to exit.:
Edit an Urgent Care Visit
Select Urgent Care Visit Tracking Menu <TEST ACCOUNT> Option: UCVM  Urgent Care Visit
Tracking Maintenance
Select PATIENT NAME: Veteran, Air F        X-X-XX      99999999     NO     NSC VETERAN
CD
Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Enter Year: 2019// 2019
Urgent Care Visits in 2019 for VETERAN, Air Force  999-99-9XXX
==========================================================================
       1    Jun 06, 2019 F     7   Aug 15, 2019     13   Sep 03, 2019
       2    Jun 28, 2019       8   Aug 16, 2019     14   Sep 04, 2019 V
       3    Jul 03, 2019 F     9   Aug 17, 2019     15   Nov 13, 2019 R
       4    Jul 05, 2019 F     10  Aug 19, 2019     16   Nov 21, 2019
       5    Aug 01, 2019 R     11  Aug 21, 2019     17   Dec 01, 2019
```

```
      6   Aug 14, 2019        12   Sep 02, 2019        18   Dec 20, 2019
(A)dd an Urgent Care Visit, (E)dit an existing Visit, or (Q)uit: ED  Edit
Enter Visit Number: 10
Date of Visit   Station                 Status      Bill No.    Reason
-------------   -------                 ------      --------    ------
Aug 19, 2019    XXX-CHEYENNE VAMC       BILLED
(F)REE,(B)ILLED,(R)emoved, or (V)isit Only: VISIT ONLY
Is the above information correct? : YES
Enter RETURN to continue or '^' to exit.:
```

Override for an Urgent Care Visit

```
Select Urgent Care Visit Tracking Menu <TEST ACCOUNT> Option: UCVM  Urgent Care Visit
Tracking Maintenance
Select PATIENT NAME: Veteran, Air F       X-X-XX    99999999    NO    NSC VETERAN
CD
Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Enter Year: 2019//  2019
Urgent Care Visits in 2019 for VETERAN, Air Force  999-99-9XXX
================================================================================
      1   Jun 06, 2019         7   Aug 15, 2019       13   Sep 03, 2019
      2   Jun 28, 2019         8   Aug 16, 2019       14   Sep 04, 2019 V
      3   Jul 03, 2019         9   Aug 17, 2019       15   Nov 13, 2019 R
      4   Jul 05, 2019        10   Aug 19, 2019       16   Nov 21, 2019
      5   Aug 01, 2019 R      11   Aug 21, 2019       17   Dec 01, 2019
      6   Aug 14, 2019        12   Sep 02, 2019       18   Dec 20, 2019 F
(A)dd an Urgent Care Visit, (E)dit an existing Visit, or (Q)uit: ADD
Visit Date: 122019
(F)REE,(B)ILLED, or (V)isit Only: FREE
This veteran is not eligible for a Free Visit. Do you wish to Override?: YES
Are you sure?  YES
Is the above information correct?: YES
Enter RETURN to continue or '^' to exit.:
```

5.21.2. Urgent Care Visit Tracking Inquiry

This report lists all Urgent Care visits for a patient during selected calendar year(s) with a visit date within the specified year.

Sample Output

```
Select Urgent Care Visit Tracking Menu <TEST ACCOUNT> Option: ucql  Urgent Care Visit
Tracking Inquiry
Select PATIENT NAME: FORCE Naval A       X-X-XX    99999999    NO    NSC VETERAN CD
Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Start YEAR: : 2019//  2019
Go to YEAR: : 2019//  2020 2020
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//
             Urgent Care Visit Profile for FORCE, Naval AIR
From 2019 through 2020                    Jan 08, 2020@15:05        Page: 1
VISIT DATE     SITE               STATUS     BILL NO.    REASON
--------------------------------------------------------------------------
2019
----
Jun 06, 2019   CHEYENNE VAMC      FREE       123-XXXXXXX
Jun 28, 2019   BUTLER             BILLED     123-XXXXXXX
Jul 03, 2019   CHEYENNE VAMC      FREE       123-XXXXXXX
Jul 05, 2019   CHEYENNE VAMC      FREE       123-XXXXXXX
Aug 01, 2019   CHEYENNE VAMC      Removed                    Entered in Error
Aug 14, 2019   BUTLER             BILLED     123-XXXXXXX
Aug 15, 2019   BUTLER             BILLED     123-XXXXXXX
Aug 16, 2019   BUTLER             BILLED     123-XXXXXXX
```

```
Aug 17, 2019   BUTLER              BILLED      123-XXXXXXX
Aug 19, 2019   BUTLER              BILLED      123-XXXXXXX
Aug 21, 2019   BUTLER              BILLED
Sep 02, 2019   BUTLER              BILLED      123-XXXXXXX
Sep 03, 2019   BUTLER              BILLED      123-XXXXXXX
Sep 04, 2019   BUTLER              Visit Only            Bill Higher Tier
Nov 13, 2019   BUTLER              REMOVED               Duplicate Visit
Type <Enter> to continue or '^' to exit:
              Urgent Care Visit Profile for FORCE, Naval AIR
From 2019 through 2020                  Jan 08, 2020@15:05      Page: 2
VISIT DATE     SITE                STATUS      BILL NO.    REASON
-----------------------------------------------------------------------
Nov 21, 2019   BUTLER              BILLED      ON HOLD
Dec 01, 2019   BUTLER              BILLED      ON HOLD
Dec 20, 2019   BUTLER              BILLED      ON HOLD
End of the report. Enter RETURN to continue or '^' to exit:
```

5.21.3.   Urgent Care Visit Summary / Detail Report

This report lists all Urgent Care visits for a Veterans Administration Medical Center (VAMC) by month and patient during a specific selected period in either summary (Monthly) or detailed (Monthly by patient) format. Both reports will display data for the current VAMC or include visits for patients made at another VAMC that are enrolled at the current VAMC.

Sample Output

```
Type '^' to stop, or choose a number from 1 to 4 :1  Urgent Care Visit Summary/Detail
Report
     You have 2 bill(s) pending approval.
Start with DATE: Jan 01, 2020// 010120 (Jan 01, 2020)
Go to DATE: Feb 29, 2020// T (Feb 05, 2020)
(S)ummary or (D)etailed Report: S// DETAILED
(C)urrent or (A)ll Sites: A// ALL SITES
Export the report to Microsoft Excel (Y/N)? NO//
DEVICE: HOME//   HOME (CRT)    Right Margin: 80//
              URGENT CARE VISIT TRACKING DETAIL REPORT
                     FOR ALL SITES
         From 01/01/20 through 02/29/20   Feb 05, 2020@13:02   Page: 1
                            TOTAL                REMOVED   VISITS    UNIQUE
 MONTH    YEAR             VISITS    FREE  BILLED  VISITS    ONLY   PATIENTS
-----------------------------------------------------------------------
JANUARY   2020               22       7     12       3        0     11
   AVETERAN,Marine            2        0      2       0        0
   BVETERAN,Army              2        2      0       0        0
   CVETERAN,Navy              1        1      0       0        0
   DVETERAN,Air Force         2        2      0       0        0
   EVETERAN,Coast G           1        0      1       0        0
   FVETERAN,Vietnam           1        0      1       0        0
   GVETERAN,Korea             2        2      0       0        0
   HVETERAN,German            1        0      0       1        0
   IVETERAN,Japanese          8        0      7       1        0
   JVETERAN,Tuskegee          1        0      1       0        0
   KVETERAN,Women             1        0      0       1        0
FEBRUARY  2020               5        3      1       0        1      2
   AVETERAN,Marine            3        3      0       0        0
   BVETERAN,Army              2        0      1       0        1
-----------------------------------------------------------------------
REPORT TOTALS               27       10     13       3        1     12
*The total unique patient number only counts a patient once for the period
of the report.
End of the report. Enter RETURN to continue or '^' to exit:
```

```
Type '^' to stop, or choose a number from 1 to 5 :2  Urgent Care Visit Summary/Detail
Report
      You have 2 bill(s) pending approval.
Start with DATE: Feb 01, 2020// 100119 (Oct 01, 2019)
Go to DATE: Feb 29, 2020//  (Feb 29, 2020)
(S)ummary or (D)etailed Report: S// SUMMARY
(C)urrent or (A)ll Sites: A// LL SITES
Export the report to Microsoft Excel (Y/N)? NO//
Report requires 132 columns.
DEVICE: HOME//  HOME  (CRT)    Right Margin: 80// 132
                   URGENT CARE VISIT TRACKING SUMMARY REPORT
                             FOR ALL SITES
                   From 10/01/19 through 02/29/20   Feb 05, 2020@13:17  Page: 1
                         TOTAL                      REMOVED    VISITS      UNIQUE
 MONTH      YEAR         VISITS    FREE    BILLED    VISITS      ONLY    PATIENTS
------------------------------------------------------------------------------
OCTOBER    2019             21       0        19         2         0    12
NOVEMBER   2019             16       0        12         4         0     7
DECEMBER   2019             57      12        25        18         2    16
JANUARY    2020             22       7        12         3         0    11
FEBRUARY   2020              5       3         1         0         1     2
------------------------------------------------------------------------------
REPORT TOTALS              121      22        69        27         3    34
*The total unique patient number only counts a patient once for the period
of the report.
End of the report. Enter RETURN to continue or '^' to exit:
```

5.21.4. Urgent Care Pull Request by Patient

The Urgent Care Pull Request by Patient allows Facility Revenue to request an account update for a single patient that has not received care through the facility previously. The option is only to be used if the normal nightly update is not completed or data is required immediately. This is a real-time request and will engage the VistA session until completed.

Sample Output

```
Select Core Applications <TEST ACCOUNT> Option: ^URGENT
    1     Urgent Care Pull Request by Patient  [IBUC MULTI FAC COPAY PULL REQ]
    2     Urgent Care Visit Summary/Detail Report  [IBUC VISIT REPORT]
    3     Urgent Care Visit Tracking Menu  [IBUC MAIN MENU]
    4     Urgent Care Visit Tracking Inquiry  [IBUC VISIT INQUIRE]
    5     Urgent Care Visit Tracking Maintenance  [IBUC VISIT MAINT]
Type '^' to stop, or choose a number from 1 to 5 :1  Urgent Care Pull Request by
 Patient
      You have 2 bill(s) pending approval.
Select PATIENT NAME: VETERAN,MARINE CORPS      9-9-99     99999999    NO     NSC
VETERAN      CD
 Enrollment Priority: GROUP 8c  Category: ENROLLED      End Date:
Now sending query to CHEYENNE VAMC ...
Now sending query to PHILADELPHIA, PA VAMC ...
```

5.22. On Hold Menu

5.22.1. On Hold Charges Released to AR

This report lists all charges identified as once being ON HOLD (after the installation of patch IB*2*70) that currently have a status of BILLED, and the DATE LAST UPDATED is within the specified date range.

Sample Output

```
List of ON HOLD Charges released to AR between  JAN 09, 1998 and MAR 10, 1998
Date Printed: MAR 10,1998                                             Page 1
-----------------------------------------------------------------------------
Name                Pt.ID  Act.ID    Bill #   Type  From      To        Charge
-----------------------------------------------------------------------------
IBpatient,one       XXXX   XXXXXX    XXXXXXX  OPT   08/30/94  08/30/94    36.00
IBpatient,two       XXXX   XXXXXXX   XXXXXX   OPT   02/07/96  02/07/96    41.00
IBpatient,three     XXXX   XXXXXX    XXXXXX   OPT   01/25/95  01/25/95    39.00
IBpatient,four      XXXX   XXXXXX    XXXXXX   OPT   05/02/94  05/02/94    36.00
IBpatient,five      XXXX   XXXXXXX   XXXXXX   OPT   05/14/96  05/14/96    41.00
                           XXXXXXX   XXXXXXX  INPT  01/21/97  01/21/97   736.00
IBpatient,six       XXXX   500680    XXXXXXX  INPT  07/15/94  07/15/94   696.00
                           XXXXXX    XXXXXXX  INPT  10/13/94  10/13/94   348.00
                           XXXXXX    XXXXXXX  NHCU  11/09/94  11/10/94   348.00
```

5.22.2. Count / Dollar Amount of Charges on Hold

This option produces the Count and Dollar Amount of Charges on Hold Report. The report provides a subtotal and sub count, by action type, of each patient charge with an ON HOLD status. These charges have not been passed to Accounts Receivable. Accounting is responsible for supplying these figures to FMS monthly.

5.22.3. Days on Hold Report

This option produces the "Days on Hold Report". The report lists all Integrated Billing charges that have had a status of ON HOLD for an extended period.

Sample Output

```
                               CHARGES ON HOLD LONGER THAN 60 DAYS                    Mar 10, 1998@11:42:06  PAGE 1
HELD CHARGES                                                                          CORRESPONDING THIRD PARTY BILLS
==============================================================================||===================================
                                              On Hold   # Days          ||      AR
Name                Pt.ID  Act.ID   Type  From      To        Date      On Hold    Charge|| Bill#  Status  Charge      Paid
==============================================================================||===================================
IBpatient,one          XXXXX  XXXXXXX   INPT  04/10/97 04/10/97  08/11/97       88    368.00||
                              XXXXXXX   INPT  07/14/97 07/15/97  08/11/97       88   736.00||
```

5.23. Held Charges Report

The Held Charges Report provides the user with a list of all charges with a status of ON HOLD. Charges for Category C patients with insurance are placed on hold until the patient's insurance company bill is resolved. When payment is received from the insurance carrier, the status of the charge is updated through the Release Charges 'On Hold' option.

This report can be used to ensure that there is an insurance bill established for each charge on hold, and to identify charges that should be released when payments are received from insurance carriers.

Sample Output

```
                                CATEGORY C CHARGES ON HOLD                             MAR 10,1998  PAGE 1
HELD CHARGES                                                                          CORRESPONDING THIRD PARTY BILLS
==============================================================================||===================================
Name            Pt.ID  Act.ID   Type   Bill#   From       To        Charge || Bill#   AR-Status      Charge      Paid
==============================================================================||===================================
==============================================================================||===================================
IBpatient,one   1111   XXXXXXX   OPT    XXXXXX  03/01/92  03/11/92    30.00 || XXXXXX   NEW BILL    148.00     0.00
                       XXXXXX    INPT   XXXXXX  03/11/92  03/14/92   652.00 ||
                       XXXXXX    OPT    XXXXXX  03/11/92  03/11/92    30.00 ||
IBpatient,two   2222   XXXXXXX   OPT    XXXXXX  05/08/92  05/08/92    30.00 ||
IBpatient,three 3333   XXXXXXX   OPT    XXXXXX  04/07/92  04/07/92    30.00 ||
                       XXXXXXX   OPT    XXXXXX  04/03/92  04/03/92    30.00 || XXXXXX   NEW BILL    296.00     0.0
IBpatient,four  4444   XXXXXXX   INPT   XXXXXX  05/19/92  05/19/92   238.00 ||
IBpatient,five  5555   XXXXXXX   INPT   XXXXXX  03/01/92  03/01/92   652.00 || XXXXXX   NEW BILL   5736.00     0.00
IBpatient,six   6666   XXXXXXX   INPT   XXXXXX  04/13/92  04/16/92   652.00 ||
IBpatient,seven 7777   XXXXXXX   OPT    XXXXXX  03/23/92  03/23/92    30.00 || XXXXXX   NEW BILL    740.00     0.00
                       XXXXXXX   OPT    XXXXXX  03/23/92  03/23/92    30.00 ||
                       XXXXXXX   OPT    XXXXXX  03/23/92  03/23/92    30.00 ||
                       XXXXXXX   OPT    XXXXXX  03/23/92  03/23/92    30.00 ||
```

```
                 XXXXXXX   OPT    L10121  03/23/92   03/23/92     30.00 ||
                                    CATEGORY C CHARGES ON HOLD                          MAR 10,1998  PAGE 1
HELD CHARGES                                                                 CORRESPONDING THIRD PARTY BILLS
=================================================================||=============================================
Name                    Pt.ID  Act.ID   Type  Bill#   From       To        Charge || Bill#   AR-Status      Charge      Paid
=================================================================||=============================================
=================================================================||=============================================
IBpatient,one           XXXX            Insurance Co.   Subscriber ID    Group          Eff Dt      Exp Dt
=================================================================||=============================================
                                BLUE CROSS/BLUE   XXXXXX          MAN32          01/00/93
                                Plan Coverage     Effective Date   Covered?    Limit Comments
                                -------------     --------------   --------     --------------
                                INPATIENT                                       BY DEFAULT
                                OUTPATIENT                                      BY DEFAULT
                                PHARMACY                                        BY DEFAULT
                                DENTAL                                          BY DEFAULT
                                MENTAL HEALTH                                   BY DEFAULT
                                LONG TERM CARE                                  BY DEFAULT
                                PROSTHETICS                                     BY DEFAULT
                                VISION                                          BY DEFAULT
                             ---------------------------------------------------------------------
                    XXXXXXX   OPT             03/02/98  03/02/98     45.80 ||
```

5.23.1. History of Held Charges

This option provides a count and dollar amount of charges that have been on hold for a specified date range. This report sorts charges by current status. The user will be able to keep track of how many charges are cancelled, released (billed), or remain on hold. This report only counts charges with an ON HOLD DATE defined.

5.23.2. Release Charges 'On Hold'

The IB AUTHORIZE security key is required to access this option.

The Release Charges 'On Hold' option is used to release Means Test Category C charges, with a status of ON HOLD, to Accounts Receivable. This option is also available on the Agent Cashier's Menu in Accounts Receivable.

If the HOLD MT BILL W/INS parameter is set to YES, inpatient and outpatient copayments for Category C patients with insurance will automatically be placed on hold. These charges will not be passed to Accounts Receivable until released through this option.

NOTE: *The $5 / $10 hospital/NHCU per diem charges are not placed on hold.*

If the original bill number is no longer open when the charge is passed to Accounts Receivable, a new bill number is assigned.

5.23.3. List Charges Awaiting New Copay Rate

The List Charges Awaiting New Copay Rate option is used to generate a list of all Means Test outpatient copayment charges that have been placed on hold because the copay rate is over one year old.

New billing rates are scheduled to be released from VA Central Office at the beginning of each fiscal year (10/1). However, there may be a delay in the release of these new rates. If the rate on file for the Means Test outpatient copayment charge is over one year old at the time the bill is created, these charges will be held until the new copay rate is entered. When the rate is entered, the user is given the opportunity to release the charges to Accounts Receivable at that time or released through the Release Charges Awaiting New Copay Rate option.

Sample Output

```
              LIST OF ALL OUTPATIENT COPAYMENT CHARGES 'ON HOLD'
                 AWAITING ENTRY OF THE NEW COPAYMENT RATE
                                                    Page: 1
                                                    Run Date: 10/18/93
-----------------------------------------------------------------------
Patient Name (ID)                    Visit Date        Charge
-----------------------------------------------------------------------
IBpatient,one      (1111)              10/08/93           $33
IBpatient,two      (2222)              10/12/93           $33
IBpatient,three    (3333)              10/05/93           $33
                                       10/04/93           $33
IBpatient,four     (4444)              10/01/93           $33
IBpatient,five     (5555)              10/05/93           $33
```

5.23.4. Send Converted Charges to A/R

The IB AUTHORIZE security key is required to access this option.

This option is designed for use after the Integrated Billing conversion is completed. After the conversion, certain inpatient and outpatient charges will have a status of CONVERTED. This option allows the user to choose which converted charges are passed to Accounts Receivable.

During the conversion, the BILLS/CLAIMS file (#399) is checked to ensure that each outpatient visit has been billed. For each visit without an established bill, one is established and given a status of CONVERTED. The conversion cannot determine whether an episode of care has been billed for inpatients; therefore, all billable inpatient episodes are provided a status of CONVERTED and the user must determine which ones should be passed.

The user can choose to pass the charges by patient or date. If patient is selected, all billing actions with a status of CONVERTED are displayed. The user can then select which actions will be passed to accounts receivable. If date is selected, all outpatient copay and fee service billing actions that were created on or before the selected date are passed to accounts receivable.

If the HOLD MT BILL W/INS parameter at the site is set to YES, inpatient and outpatient copayments for Category C patients with insurance will automatically be placed on hold. These charges will not be passed to Accounts Receivable until released through the Release Charges 'On Hold' or Cancel/Edit/Add Patient Charges options. The user may wish to set this parameter to NO until all charges that should be passed to A/R are passed.

This option is being distributed as "out of order" as it is no longer needed, and will be deleted in the next release of Integrated Billing.

5.23.5. Release Charges 'Pending Review'

The Release Charges 'Pending Review' option is used to review charges that have been created when an Income Verification Match (IVM) verified Means Test has been received and filed at the medical facility. If such a Means Test results in changing the patient's Means Test status from Category A to Category C, copayment and per diem charges for previous episodes of care will automatically be created. The charges will not be automatically passed to Accounts Receivable but will be held in Billing until a review of the charges is complete. A mail message is sent to the Category C Billing mail group notifying users that the charges have been created and are pending review.

After review, the user may pass on the charges to Accounts Receivable for billing or cancel the charges. If passed to AR, the billing information will also be passed to the IVM software that will in turn transmit it to the IVM Center in Atlanta.

Since the billing clock was updated when the charge was originally built, the user may need to update the billing clock if the charge is cancelled. This can be accomplished through the Patient Billing Clock Maintenance option.

5.23.6. List Current / Past Held Charges by Pt

This option lists all IB Actions for a patient that are currently on hold or were on hold for a specified date range. The report lists IB Action ID, Rate Type, Bill #, AR status, IB Status, and information related to corresponding Third-Party Claims. Only charges placed on hold since the installation of patch IB*2*70 will appear on this report.

Sample Output

```
List of all HELD bills for IBpatient,one     SSN: XXX-XX-XXXX                  NOV 7,1997
PAGE 1
PATIENT CHARGES                                          CORRESPONDING THIRD PARTY
BILLS
========================================================||========================
====
Action ID  Type   Bill#  Svc Dt   Dt to AR  Charge  AR-Sts   IB-Sts|| Bill#  AR-Status   Charge  %
Paid
========================================================||========================
====
5001254    INPT C          08/11/97           368.00          ON HOL||
5001256    INPT C          08/11/97           736.00          ON HOL||
5003424    OPT CO XXXXXX 02/20/97 05/07/97    38.80 ACTIVE    BILLED||
5003423    OPT CO XXXXXX 02/18/97 04/25/97    38.80 COLLEC    BILLED||
5003411    OPT CO XXXXXX 02/06/97 04/25/97    38.80 COLLEC    BILLED|| XXXXXX  ACTIVE     194.00 80%
5003409    OPT CO XXXXXX 02/05/97 04/25/97    38.80 COLLEC    BILLED||
5003398    OPT CO          02/04/97           38.80           CANCEL|| REASON: INSURANCE CO PD IN
FULL
5003396    OPT CO XXXXXX 02/03/97 05/19/97    38.80 COLLEC    BILLED|| XXXXXX  NEW BILL   194.00  0%
```

5.23.7. Release Charges Awaiting New Copay Rate

The Release Charges Awaiting New Copay Rate option is used to release charges that have been placed on hold because the outpatient copay rate is over one year old.

New billing rates are scheduled to be released from VA Central Office at the beginning of each fiscal year (10/1). However, there may be a delay in the release of these new rates. If the rate on file for the Means Test outpatient copayment charge is over one year old at the time the bill is created, these charges will be held until the new copay rate is entered. When the rate is entered, the user is given the opportunity to release the charges to Accounts Receivable at that time or released through this option. The user will be prompted to task off a job that will automatically update the dollar amount and bill all such charges. The user will receive a message when the tasked job has completed.

If the copay rate currently in the Billing Table is too old to use, the following message will appear.

"The current copay rate (effective [date]) is still too old to use. Please be sure that you have entered the most current rate in your Billing Rates table."

5.23.8. Patient Billing Clock Inquiry

This option allows the user to display data contained in the patient billing clock. It can be used to view the number of inpatient days and amount billed for inpatient copayments for Category C patients.

When the patient is selected, all billing clocks for that patient are displayed. The reference number, patient name, and the cycle begin date are provided. Once a clock is selected, information such as the clock status, primary eligibility code, cycle begin and end dates, number of inpatient days, and 90-day inpatient amounts are displayed.

5.23.9. Category C Billing Activity List

The Category C Billing Activity List option is used to list all Means Test/Category C charges within a specified date range. The list is alphabetical by patient name.

This output provides the patient's name and ID, a brief description, the status and the billing period for the bill, the units (the number of days a charge occurred), and the amount of the charge. For inpatient copay charges, the description includes the treating specialty for the episode of care.

As stated above, the units reflect the number of days a charge occurred. For inpatient copay charges the unit will always be one, even if the patient accrued the charges over several days before the Medicaid deductible was met.

Sample Output

```
Category C Billing Activity List            FEB 26, 1992@09:14:28    Page: 1
Charges from 01/01/92 through 02/26/92
PATIENT/ID               DESCRIPTION      STATUS       FROM       TO   UNITS CHARGE
-----------------------------------------------------------------------------------
IBpatient,one     XXXX   INPT PER DIEM    BILLED      01/02/92 01/03/92  2   $20.00
                         INPT COPAY (ALC) BILLED      01/02/92 01/03/92  1  $476.00
IBpatient,two     XXXX   OPT COPAY        PENDING A/R 02/11/92 02/11/92  1    $0.00
IBpatient,three   XXXX   INPT PER DIEM    BILLED      01/13/92 01/14/92  2   $20.00
                         INPT COPAY (MED) BILLED      01/13/92 01/14/92  1  $652.00
IBpatient,four    XXXX   OPT COPAY        PENDING A/R 02/12/92 02/12/92  1    $0.00
IBpatient,five    XXXX   OPT COPAY        BILLED      02/17/92 02/17/92  1   $30.00
IBpatient,six     XXXX   OPT COPAY        BILLED      02/13/92 02/13/92  1   $30.00
IBpatient,seven   XXXX   INPT PER DIEM    BILLED      01/13/91 01/18/92  6   $60.00
                         INPT COPAY (MED) BILLED      01/13/92 01/18/92  1   $24.00
IBpatient,eight   XXXX   OPT COPAY        BILLED      02/12/92 02/12/92  1   $30.00
```

5.23.10. Single Patient Means Test Billing Profile

The Single Patient Means Test Billing Profile option provides a list of all Means Test/Category C charges within a specified date range for a selected patient.

The user will be prompted for patient name, date range, and device. The default at the "Start with DATE" prompt is October 1, 1990. This is the earliest date for which charges can be displayed.

This output displays the date the Means Test billing clock began, bill date, bill type (including the treating specialty for inpatient copay charges), the bill number, bill to date (for inpatient charges), amount of each charge, and the total charges for the selected date range.

Sample Output

```
Means Test Billing Profile for Test,Name  666-66-6XXX
From 01/01/14 through 10/29/19                                         OCT 29,
2019@08:54       Page: 1
BILL DATE   BILL TYPE                BILL #    BILL TO    TOT CHARGE
--------------------------------------------------------------------------------
------------------------------------------------
05/22/12  Begin Means Test Billing Clock
12/30/14  Begin Means Test Billing Clock
12/30/14   OUTPATIENT COPAY          XXXXXXX              $15.00
12/31/14   OUTPATIENT COPAY          XXXXXXX              $15.00
01/06/15   OUTPATIENT COPAY          XXXXXXX              $15.00
01/13/15   OUTPATIENT COPAY          XXXXXXX              $15.00
01/14/15   OUTPATIENT COPAY          XXXXXXX              $15.00
```

```
01/14/15   FEE SERVICE/INPATIENT    XXXXXXX   01/17/15      $243.20   *
01/14/15   FEE SERV INPT PER DIEM   XXXXXXX   01/17/15        $6.00   *
01/14/15   FEE SERVICE/INPATIENT    XXXXXXX   01/17/15     ($243.20)  *
     Charge Removal Reason: ENTERED IN ERROR
01/14/15   FEE SERV INPT PER DIEM   XXXXXXX   01/17/15       ($6.00)  *
     Charge Removal Reason: ENTERED IN ERROR
01/14/15   CC INPATIENT             XXXXXXX   01/15/15       $25.00   *
01/14/15   CC PER DIEM              XXXXXXX   12/29/15      $698.00   *
01/14/15   CC PER DIEM              XXXXXXX   01/15/15        $2.00   *
     **********Bills display continue on several pages**********
07/01/15   CCN PER DIEM             XXXXXXX   07/31/15      ($60.00)  *
     Charge Removal Reason: ELIGIBILITY INCORRECT
08/01/15   CC MTF PER DIEM          XXXXXXX   08/31/15       $60.00   *
08/01/15   CC MTF PER DIEM          XXXXXXX   08/31/15      ($60.00)  *
     Charge Removal Reason: CHANGE IN ELIGIBILITY
09/01/15   CHOICE PER DIEM          XXXXXXX   09/30/15       $58.00   *
09/01/15   CHOICE PER DIEM          XXXXXXX   09/30/15      ($58.00)  *
     Charge Removal Reason: ENTERED IN ERROR
12/15/18   CC RX COPAY              XXXXXXX                   $8.00
12/15/18   CC RX COPAY              XXXXXXX                  ($8.00)
     Charge Removal Reason: ENTERED IN ERROR
06/06/19   CC URGENT CARE           XXXXXXX                  $30.00
06/06/19   CC URGENT CARE           T002X25                 ($30.00)
     Charge Removal Reason: UC - CHANGE IN ELIGIBILITY
09/02/19   CC OUTPATIENT            XXXXXXX                  $15.00
09/02/19   CC OUTPATIENT            XXXXXXX                 ($15.00)
     Charge Removal Reason: ELIGIBILITY INCORRECT
   '*' - Geographic Means Test rates
         ----------$303.00
```

5.23.11. Disposition Special Inpatient Billing Cases

The Disposition Special Inpatient Billing Cases option is used to enter the reason for not billing inpatient billing cases for veterans whose care is related to an exposure to Agent Orange, ionizing radiation, or environmental contaminants. This option can also be used to edit the reason on cases that have already been dispositioned.

Inpatient bills created for veterans who claim exposure to Agent Orange, ionizing radiation, or environmental contaminants are automatically placed on hold. Once the veteran's treatment has been completed and s/he is discharged, a determination needs to be made if in fact the care rendered was related to the claimed exposure. If the case was not related, charges will have to be entered through the Cancel/Edit/Add Patient Charges option and passed to Accounts Receivable for billing. If the care was related, the patient will not be billed, and the case will be dispositioned after the reason for not billing is entered through this option.

The user will be prompted for the patient's name. The following information will be displayed for the case record: patient name, type, admission date, discharge date, care related to exposure (yes / no), case dispositioned (yes / no), date record last edited, and edited by. The user will then be prompted for the reason the case was not billed. This is a free text field allowing up to 80 characters.

5.23.12. List Special Inpatient Billing Cases

The List Special Inpatient Billing Cases option is used to provide a listing of all special inpatient billing cases, both dispositioned and un-dispositioned. Special inpatient billing cases are those where the veteran has claimed his need for treatment is related to exposure to Agent Orange, ionizing radiation, or environmental contaminants.

Inpatient care for NSC Category C veterans who claim exposure to Agent Orange, ionizing radiation, or environmental contaminants is not automatically billed. Once the veteran's treatment has been completed and s/he is discharged, a determination needs to be made if in fact the care rendered was related to the claimed exposure. If the care was related, the patient should not be billed, and the case should be dispositioned through the Disposition Special Inpatient Billing Cases option. If the case was not related to exposure, charges will have to be entered manually through the Cancel/Edit/Add Patient Charges option and passed to Accounts Receivable for billing. If the case is billed, the system automatically dispositions the special case.

The following information may be displayed for each case record on the output: patient name, type, admission date, discharge date, care related to exposure (yes / no), case dispositioned (yes / no), date record last edited, and edited by.

Sample Output

```
                    LIST ALL SPECIAL INPATIENT BILLING CASES
                                                            Page: 1
                                                    Run Date: 10/20/93
----------------------------------------------------------------------
 Pt. Name: IBpatient,one     (1111)      Care related to EC: NO
      Type: ENV CONTAMINANT             Case Dispositioned: YES
 Adm Date: 11/17/93 2:23 pm              Date Last Edited: 11/22/93 10:04 am
Disc Date: 11/22/93 9:52 am                Last Edited By: JOHN
----------------------------------------------------------------------
 Charges Billed:
     INPT COPAY (MED) NEW          11/17/93   11/17/93   $676   BILLED
     INPT PER DIEM NEW             11/17/93   11/21/93   $40    BILLED
----------------------------------------------------------------------
----------------------------------------------------------------------
 Pt. Name: IBpatient,one     (1111)      Care related to AO: YES
      Type: AGENT ORANGE                 Case Dispositioned: YES
 Adm Date: 10/03/93 10:10 pm             Date Last Edited: 10/20/93 7:46 am
Disc Date: 10/06/93 2:25 pm                Last Edited By: JANE
----------------------------------------------------------------------
 Reason for Non-Billing:
TREATMENT FOR AGENT ORANGE
----------------------------------------------------------------------
```

5.24. CHAMPUS Billing Menu

5.24.1. Delete Reject Entry

This option allows the user to delete individual entries from the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) PHARMACY REJECTS (#351.52) file. Entries are automatically deleted from this file when a rejected transmission is re-submitted and subsequently approved. However, there will be instances when rejected transmissions will not be re-submitted. Therefore, this option may be used to purge unwanted reject transactions from the file.

5.24.2. Reject Report

The Reject Report allows the user to view all the entries in the CHAMPUS PHARMACY REJECTS (#351.52) file and determine the reason(s) for the rejected entries. Rejected entries for transactions that will not be re-submitted and continue to be displayed on this report may be deleted using the Delete Reject Entry option.

Sample Output

```
===========================================================================
Date: 05/30/97                 IPS Unresolved Reject Report               Page: 1
===========================================================================
RX# XXXXXX, filled on 09/10/96 (IBpatient,one   XXXXXXXX) rejected because:
    Invalid NDC Number
    Missing/Invalid Insurance data
    NDC not in local AWP file
    Call Failed
RX# XXXXXX, filled on 02/03/94 (IBpatient,one   XXXXXXXX) rejected because:
    Modem is not Responding
    Bad/Invalid baud Rate Setting
    Call Interrupted by User
    Bad/Invalid Data bits Setting
```

5.24.3. Resubmit a Claim

This option is used to re-submit a transaction that was originally rejected by the FI (Fiscal Intermediary – the company with which a Tricare patient holds Tricare insurance coverage). The user can select a prescription that has not been submitted for billing or was submitted and then rejected. The prescription is then placed in the queue to be processed by the IB background filer, and it is processed in the same manner as prescriptions that are queued by the foreground processor. If the prescription was previously submitted and rejected, the reject entry in file #351.52 will automatically be deleted if the prescription is authorized for billing.

5.24.4. Reverse a Claim

This option may be used to reverse or cancel a claim for a prescription that was submitted in error. The user can select a prescription that was previously billed. The prescription is then placed in the queue to be processed by the IB background filer. The filer creates a cancellation-type transaction message that is transmitted to the RNA package. When the receipt confirmation has been received by Veterans Health Information System and Technology Architecture (VistA) from the Fiscal Intermediary (FI), through RNA, another job is queued that cancels the patient copayment charge and the claim for the FI.

5.24.5. Transmission Report

The Transmission report allows the user to view a list of pharmacy transmissions for prescriptions that were filled during a specified date range.

Sample Output

```
===========================================================================
Date: 05/30/97          IPS Prescription Status Report               Page: 1
                   JAN 1,1996 through MAY 30,1997
RX#            Fill Date   Patient Name                      Patient SSN
NDC            AWP         Copay    Ing Cost  Fee Paid  Total PD
               Auth. #                        Message
Reject Failure Codes
===========================================================================
XXXXXX         09/10/96    IBpatient,one                     XXXXXXXX
  Drug Name: PRESAMINE 50MG TABS
    Status: Rejected
    Invalid NDC Number
    Missing/Invalid Insurance data
    NDC not in local AWP file
    Call Failed
```

5.24.6.   IB MT FIX / DISCH SPECIAL CASE

This option will update records in the Special Inpatient Billing Cases File (#351.2) with discharge dates, if any exist in the Patient Movement File (#405).

5.25.   Patient Billing Reports Menu

5.25.1.   Catastrophically Disabled Copay Report

The Catastrophically Disabled Copay Report option provides a list of charges for a specified date range that may need to be cancelled due to a patient's Catastrophically Disabled status. The Catastrophically Disabled legislation effective date is May 5, 2010. The user should not enter a date prior to that date, any date entered before that will be automatically changed to May 5, 2010. It should be queued to a printer off hours as it can take some time to run with at least a margin of 132 columns. The report is based on the Date of Decision date stored in the Patient (#2) file. Even though charges may be cancelled, the report may continue to show $0 charges. If the charge in IB is cancelled but there are still charges on the AR side on the same bill number, it will continue to appear on the report. This is because there is no way of determining which charges on an AR bill are cancelled vs. not cancelled. Sites should not expect to see a clean report; the report is for informational purposes for review. After review of a specified timeframe is completed, it is recommended sites use subsequent timeframes for review.

Sample Output:

```
Catastrophically Disabled Copayment Charge Report                                                         PAGE: 1
PATIENT                  SSN CD DATE  DOS     RX       TYPE       BILL NO  STATUS   BALANCE PD PRIN  INT   ADM   TOP    FUND  RSC
---------------------------------------------------------------------------------------------------------------------------------
IBPATIENT,ONE            XXXX 03/01/11 03/25/11         DG OPT CO XXXXXXX  BILLED    15.00   0.00  0.00  0.00          528703
IBPATIENT,TWO A          XXXX 03/31/11 03/31/11 XXXXXX  PSO NSC R XXXXXXX  BILLED    64.00   0.00  0.00  0.00          528701
IBPATIENT,THREE          XXXX 02/05/11 05/31/11 XXXXXX  PSO NSC R XXXXXXX  BILLED    64.00   0.00  0.00  0.00          528701
IBPATIENT,FOUR           XXXX 03/21/11 03/31/11         DG OPT CO XXXXXXX  BILLED   185.00   0.00  0.00  0.00          528703
```

5.25.2.   COMPACT Act Copay Review Report

This option identifies all copays that may be eligible for cancellation under the COMPACT Act of 2020. The COMPACT Act states that the VA may not charge the Veteran for medical visits which may have been the result of an Acute Suicide event. The report creates a list of bills that need review by Mental Health Revenue Utilization Review experts to determine if the Copayment qualifies for cancellation.

The User chooses the option, and then selects the starting and ending Copay Billed dates. Next, the User may sort the report bt Division. If the User responds Yes, they may then choose One, Many (up to 20) or All Divisions. The User may also export the report output to Microsoft Excel. The report requires 132 columns for output. An example follows:

```
Select Patient Billing Reports Menu <TEST ACCOUNT> Option: CMPR  COMPACT Act Copay Review Report
Start with Date Copay Billed : May 24, 2022// 112821  (NOV 28, 2021)
  End with Date Copay Billed : May 31, 2022//   (MAY 31, 2022)
     ***  Selected date range from Nov 28, 2021 to May 31, 2022  ***
Do you wish to sort this report by division? NO// YES
Select division: ALL// ??
ENTER:
    - Return for all divisions, or
    - A division and return when all divisions have been selected--limit 20
    Imprecise selections will yield an additional prompt.
    (e.g. When a user enters 'A', all items beginning with 'A' are displayed.)

  Choose from:
  1          Main VAMC     999
  2          CBOC 1     999GA
  3          CBOC 2     999GZ

Select division: ALL// <RET>

** This report can take a while to run and may be queued to run after hours. **

Note: Copay displays only if at least one COMPACT diagnosis is hit.

Export the report to Microsoft Excel (Y/N)? NO// <RET>

Report requires 132 columns.

DEVICE: 0;132  HOME  (CRT)


COMPACT ACT Copay Review Report from Nov 28, 2021 to May 31, 2022            Date of Report: May 31, 2022           Page: 1
For Division(s) -

Patient Name         ID  Bill Number  Stat Descr.       Fill/Adm/DOS RX Number    RX Name              DX       Proc.  Amount ($)
----------------------------------------------------------------------------------------------------------------------------------
ACCCCCC,QQQQQQQ JJ  A7557 405-K2006HT  BILL DG OPT COPAY 20 Nov 2021                                   R45.851  99283       50.00
ACCCCCC,QQQQQQQ JJ  A7557 405-K2006HV  BILL DG OPT COPAY 30 Nov 2021                                   T14.91XA 99284       50.00
ADDDD,RRRRRRR A     A1199 405-K200U3A  BILL DG OPT COPAY 02 Oct 2021                                   T14.91XD 99283       50.00
ADDDD,RRRRRRR A     A1199 405-K200U3B  BILL DG OPT COPAY 03 Oct 2021                                   T14.91XS 99284       50.00
MMMMMM,BBBBBB AAA   M5959 405-K200U38  BILL DG INPT PER  26 Nov 2021                                   R45.851              20.00
MMMMMM,BBBBBB AAA   M5959 405-K201CZT  BILL DG TRICARE I 26 Nov 2021                                   R45.851             450.00
MSSSSSS,CCCCCCC     M4455 405-K2006I2  BILL DG OPT COPAY 01 Dec 2021                                   T14.91XA 99283       50.00
MSSSSSS,CCCCCCC     M4455 405-K2006I3  BILL DG OPT COPAY 03 Dec 2021                                   R45.851  99283       50.00
Type <Enter> to continue or '^' to exit:
```

5.25.3. Patient Currently Cont. Hospitalized since 1986

This option allows the user to print a list (from the IB CONTINUOUS PATIENT file) of current inpatients continuously hospitalized at the same level of care since 1986. This report can be used to verify that all continuous patients are correctly identified. The margin width for this report is 132 columns.

Patients continuously hospitalized since 7/1/86 are exempt from the Medicare deductible copayments but may still be subject to per diem charges. Facilities are authorized to charge inpatients a per diem charge of $10.00 a day for each day of inpatient care or $5.00 for each day of NHCU care.

Sample Output

```
APR 28,1992          ***Patients Continuously Hospitalized Since July 1, 1986***          PAGE 1
Patient NAME            Pt-Id          Ward Location      Last Means  Means Test      Eligibility
                                                          Test Date   Status
================================================================================================
IBpatient,one           XXX-XX-XXXX    4D(NHCU)                                        NSC
IBpatient,two           XXX-XX-XXXX    4A(NHCU)           04/02/90    CATEGORY C       NSC
IBpatient,three         XXX-XX-XXXX    4B(NHCU)           02/18/92    CATEGORY C       NSC
IBpatient,four                         4B(NHCU)           02/18/92    CATEGORY C       NSC
```

5.25.4. Print IB Actions by Date

The Print IB Actions by Date option provides a list of the Integrated Billing actions for a specified date range. Although totals are included, this output should not be used for statistical reporting. The Statistical Report option is provided for that purpose.

This output can be sorted by a specified field. <??> can be entered for a list of appropriate fields for selection and additional commands that may be used to customize the report. If the user opts to sort by a certain field, the user will be prompted to enter a range for that field. If the user accepts the default of FIRST, the system will:

Sample Output

```
INTEGRATED BILLING ACTION LIST                                        APR 19,1991  10:34    PAGE 1
PATIENT         REF. NO  TYPE            STATUS      DATE ADDED   UNITS    CHARGE  BRIEF DESCRIPTION      CHARGE ID
-------------------------------------------------------------------------------------------------------------


IBpatient,one     XXXXXX  SC RX COPAY NEW   BILLED     APR 5,1991    1      2.00  322B-RANITIDINE 15-1   XXX-XXXXXX
IBpatient,two     XXXXXX  SC RX COPAY NEW   BILLED     APR 5,1991    1      2.00  230A-AMPICILLIN 50-1   XXX-XXXXXX
IBpatient,three   XXXXXX  NSC RX COPAY NEW  BILLED     APR 5,1991    1      2.00  193B-BELLADONNA TI-1   XXX-XXXXXX
IBpatient,four    XXXXXX  SC RX COPAY NEW   BILLED     APR 5,1991    3      6.00  357-BENZTROPINE 1M-3   XXX-XXXXXX
                  ---------                                        -----  --------
SUBTOTAL                                                            6      12.00
SUBCOUNT     4
IBpatient,one     XXXXXX  SC RX COPAY NEW   CANCELLED  APR 4,1991    1      2.00  352-AMPICILLIN 25, 1   XXX-XXXXXX
IBpatient,two     XXXXXX  SC RX COPAY NEW   CANCELLED  APR 4,1991    1      2.00  286A-CIMETIDINE 3, 1   XXX-XXXXXX
IBpatient,three   XXXXXX  SC RX COPAY NEW   CANCELLED  APR 4,1991    3      6.00  167A-ACETAMINOPHE, 3   XXX-XXXXXX
                  ---------                                        -----  --------
SUBTOTAL                                                            5      10.00
SUBCOUNT     3
                  ---------                                        -----  --------
TOTAL                                                              11      22.00
COUNT        7
```

5.25.5. Employer Report

The Employer Report option is used to provide a listing of patients and spouses' employers for patients without active insurance that can be used by billing clerks to confirm insurance coverage with those employers.

The report is sorted by employer name and is run for a selected date range. The user can run the report for inpatient admissions or outpatient visits. One, many, or all divisions can be chosen. For outpatients, patients are included on the report if the patient has an event within the specified date range, do not have active insurance on the event date, and the patient or spouse's employment status is one of the following:

- EMPLOYED FULL TIME

- EMPLOYED PART TIME

- SELF EMPLOYED

- RETIRED

Events include admissions for inpatients and scheduled / unscheduled visits and dispositions that are not Application without Exam for outpatients.

Deceased veterans do not appear on the report.

The following information may appear on the output: employer name, address, phone number, patient name, Social Security Number (SSN), occupation, employment status, home and work phone numbers, primary eligibility, admission date, transaction type, appointment date, and appointment type. This report requires a 132-column margin width.

Sample Output

```
EMPLOYER REPORT FOR INPATIENT ADMISSIONS JUN 1,1993 - OCT 21,1993        OCT 21, 1993  11:15        PAGE 1
--------------------------------------------------------------------------------------------------------
ACME                                   4444 E KINDER RD, ANYTOWN, NEW YORK 12443
   Patient: IBpatient,one               XXX-XX-XXXX   NSC    JUN 10, 1993   ADMISSION      Home:
   Employed: Spouse: SPOUSE                   DAY CARE              RETIRED
--------------------------------------------------------------------------------------------------------
XYZ, INC.        518-5551234           5678 South St, ANYTOWN, New York 12345
   Patient: IBpatient,three             XXX-XX-XXX    NSC    JUN 10, 1993   ADMISSION    Home: XXX-XXXXXXX
   Employed: Patient: IBpatient,one     XXX-XX-XXX    Hertygertyman        FULL TIME    Work: XXX-XXXXXXX
--------------------------------------------------------------------------------------------------------
XXX CORPORATION     XXX-XX-XXXX        1 XXX LANE, ANYTOWN, NEW YORK 10045
   Patient: IBpatient, two              XXX-XX-XXXX   SC 1   JUN 02, 1993   ADMISSION    Home: XXX-XXXXXXX
   Employed: Patient: IBpatient, two    XXX-XX-XXXX   Computer Operator    FULL TIME    Work: XXX-XXXXXXX
```

5.25.6. Episode of Care Bill List

The Episode of Care Bill List option is used to list all bills related to an episode of care. The bills are listed by event date in reverse date order. The bill number, rate type, bill classification, event date, statement from and to dates, bill status, and time frame of bill will be displayed for each bill on the list.

The user may enter the bill number, event date, or patient name at the bill selection prompt. If the event date or patient name is entered, all bills with that event date or for that patient will be listed for selection. Only patients with bills on file may be entered.

The output produced by this option must be generated at a 132-column margin width.

Sample Output

```
LIST OF ALL BILLS FOR AN EPISODE OF CARE                    JUL 5,1990@08:16   PAGE 1
FOR PATIENT: IBpatient,one      EVENT DATE: FEB 13,1987
                                          STATEMENT    STATEMENT
BILL NO. RATE TYPE       CLASSIFICATION EVENT DATE  FROM DATE   TO DATE  STATUS      TIMEFRAME OF BILL
-------------------------------------------------------------------------------------------------------
XXXXXX    MEANS TEST/CAT. C  INPATIENT     02/13/87    02/13/87   03/12/87  PRINTED     INTERIM - CONTINUING
   PAYOR: Patient - IBpatient,one
XXXXXX    REIMBURSABLE INS. INPATIENT      02/13/87    03/13/87   04/12/87  PRINTED     INTERIM - CONTINUING
   PAYOR: Insurance Co. - ABC INSURANCE
XXXXXX    REIMBURSABLE INS. INPATIENT      02/13/87    04/13/87   04/30/87  AUTHORIZED  INTERIM - LAST
   PAYOR: Insurance Co. - ABC INSURANCE
```

5.25.7. Estimate Category C Charges for an Admission

This option is used to estimate the Means Test / Category C charges for an episode of hospital or nursing home care for a proposed length of stay. It may be used to answer patient inquiries pertaining to estimated charges to be billed for an inpatient stay.

The report will indicate whether the patient has an active billing clock, the start date, and the number of inpatient days of care within that clock.

If a patient has an active clock and has already been charged a copayment for the current 90 days of inpatient care, the amount billed is shown. Also provided is the amount of copay and per diem that would be billed for this proposed episode of care.

The table below provides a description of the fields:

Table 10: Field Descriptions

Fields	Description
Clock Date	Date the current billing clock began for this patient.
Days of Inpatient Care within Clock	Number of days of inpatient or nursing home care within the current billing clock.
Copayments made for Current 90 Days of Inpatient Care	Total amount of copayments made for the current 90 days of inpatient care for the current billing clock.
Copayment Charges for (type of care)	Amount of the copayment charge for this proposed inpatient stay. The copayment charge differs depending on the type of inpatient care; however, it will not exceed the current Medicare deductible. Once the deductible is met, the patient is covered for 90 days of hospital care. For the second, third, and fourth 90 days of hospital care, the copayment charge is half of the current Medicaid deductible. For other than hospital care (i.e., NHCU), the full deductible applies for each 90 days of care.
Billing Dates (from/to)	Date(s) the copayment occurred. If the proposed episode of care was for a total of five days (2/1/92 – 2/5/92), but the deductible was met the first day; the billing dates (from and to) would reflect the first day only (2/1/92).

Fields	Description
Inpatient Days (1st/Last)	On which days of the current 90 days of inpatient care this copayment occurred. If the patient previously had two days of inpatient care in the current 90 days and the deductible was met the first day of this proposed episode of care, the "inpatient days" would reflect day three as the days (1st and last) this copayment was incurred.
Clock Days (1st/Last)	On which days of the current billing clock this copayment was incurred. If the current billing clock began on 2/1/92 and the copayment for this proposed episode of care was incurred on 2/15/92 and 2/16/92, the "clock days" would reflect day 15 for the 1st and day 16 for the last.
Charge	Amount of the copayment or per diem charge for this proposed episode of care.
Per Diem Charges for (type of care)	A daily charge for the inpatient stay. No charge is incurred for the day of discharge (i.e., if the proposed inpatient stay is 2/1/92 thru 2/5/92 and the per diem rate is $10.00, the total per diem charge would be $40.00).
Total Estimated Charges	Total of the copayment and the per diem charges for the proposed inpatient stay.

5.25.8. Outpatient / Registration Events Report

In Integrated Billing V. 1.5, the Outpatient / Registration Events Report was used primarily to list potentially billable outpatient activity (for Category C veterans) for the purpose of billing charges that were not automatically billable by the system. As IB V. 2.0 completes the automation of Means Test billing for all outpatient activity, this report becomes a validation tool.

This option lists all episodes of outpatient care for Category C veterans within a user specified date range; appointments, stop codes, and registrations. For each visit, the clinic, appointment time, type, and status are provided. Clinics with a default type of "research" are flagged on the report to assist sites in determining if regular appointments are being scheduled in clinics where the primary intent is research. For each patient listed, the report indicates whether the patient has claimed exposure to Agent Orange, ionizing radiation, or environmental contaminants and whether the patient has active insurance. If exposure is claimed, the responses to the Classification questions answered during the checkout process are displayed. Any charges associated with the episode of care are included.

A separate page will print for each date within the date range; therefore, the user can limit the date range selected; run this report during off hours, as it may be quite time consuming.

Sample Output

```
     Category C Outpatient and Registration Activity for 09/01/93
                         Printed: 09/13/93                    Page: 1
Patient/Event        Time  Clinic/Stop      Appt.Type        (Status)
IBpatient,one    XXXX    [AO]    **Insured**
     CLINIC APPT   12:00 PODIATRY           REGULAR          NO ACTION TAKEN
IBpatient,two    2222    [AO]    **Insured**
     CLINIC APPT   09:00 GEN. MEDICAL       REGULAR          CHECKED OUT
```

```
        Care related to AO? YES
   STOP CODE        09:00 EKG                REGULAR
                    09:00 LABORATORY         REGULAR
        Category C Outpatient and Registration Activity for 09/02/93
                                   Printed: 09/13/93              Page: 2
Patient/Event       Time  Clinic/Stop       Appt.Type          (Status)
No Outpatient activity recorded for Category C patients on 09/02/93.
```

5.25.9. Held Charges Report

The Held Charges Report provides the user with a list of all charges with a status of ON HOLD. Charges for Category C patients with insurance are placed on hold until the patient's insurance company bill is resolved. When payment is received from the insurance carrier, the status of the charge is updated through the Release Charges 'On Hold' option.

This report may be used to ensure that there is an insurance bill established for each charge on hold, and to identify charges that should be released when payments are received from insurance carriers.

Sample Output

```
                              CATEGORY C CHARGES ON HOLD                    MAY 26,1992  PAGE 1
HELD CHARGES                                            CORRESPONDING THIRD PARTY BILLS
=======================================================||=========================
Name          Pt.ID ActionID  Type  Bill#  From      To        Charge || Bill#   AR-Status    Charge   Paid
=======================================================||=========================
IBpatient,one  1111  XXXXX     OPT   XXXXX  03/01/92  03/11/92   30.00 || XXXXX   NEW BILL     148.00   0.00
                     XXXXX     INPT  XXXXX  03/11/92  03/14/92  652.00 ||
                     XXXXX     OPT   XXXXX  03/11/92  03/11/92   30.00 ||
IBpatient,two  2222  XXXXX     OPT   XXXXX  05/08/92  05/08/92   30.00 ||
IBpatient,three 3333 XXXXX     OPT   XXXXX  04/07/92  04/07/92   30.00 ||
                     XXXXX     OPT   XXXXX  04/03/92  04/03/92   30.00 || XXXXX   NEW BILL     296.00   0.00
IBpatient,four 4444  XXXXX     INPT  XXXXX  05/19/92  05/19/92  238.00 ||
IBpatient,five 5555  XXXXX     INPT  XXXXX  03/01/92  03/01/92  652.00 || XXXXX   NEW BILL    5736.00   0.00
IBpatient,six  6666  XXXXX     INPT  XXXXX  04/13/92  04/16/92  652.00 ||
IBpatient,seven 7777 XXXXX     OPT   XXXXX  03/23/92  03/23/92   30.00 || XXXXX   NEW BILL     740.00   0.00
                     XXXXX     OPT   XXXXX  03/23/92  03/23/92   30.00 ||
                     XXXXX     OPT   XXXXX  03/23/92  03/23/92   30.00 ||
                     XXXXX     OPT   XXXXX  03/23/92  03/23/92   30.00 ||
                     XXXXX     OPT   XXXXX  03/23/92  03/23/92   30.00 ||
```

5.25.10. Manually Added HPIDs to Billing Claim Report

This report generates a list of Health Plan Identifier (HPID) numbers that have been added directly to claims. It allows billing staff to track the instances when an HPID number is added to a third-party claim and to generate an ad-hoc report of authorized claims with this entry information. Only HPIDs that have been manually added will appear on this report.

The user will be prompted for date range, report format, and device. The date range pertains to when the HPID was manually added to the claim.

This output displays patient name, last 4 of SSN, payer, HPID, claim number, username, date HPID added, Professional ID and Institutional ID.

Sample Output

```
MANUALLY ADDED HPIDS TO BILLING CLAIM REPORT                           AUG 02, 2015@19:59    Page: 1

PT NAME          SSN   PAYER         HPID        CLAIM #      USER NAME       DATE HPID ADDED  PROF ID     INST ID
-----------------------------------------------------------------------------------------------------------------
IBPATIENT,ONE    1111  BLUE CROSS    XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE      12/02/2014       1234567XXX  0987654XXX
IBPATIENT,ONE    1111  BLUE CROSS    XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE      01/15/2015       1234567XXX  0987654XXX
IBPATIENT,ONE    1111  BLUE CROSS    XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE      01/22/2015       1234567XXX  0987654XXX
IBPATIENT,ONE    1111  BLUE CROSS    XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE      01/22/2015       1234567XXX  0987654XXX
IBPATIENT,ONE    1111  BLUE CROSS    XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE      01/23/2015       1234567XXX  0987654XXX
IBPATIENT,ONE    1111  BLUE CROSS    XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE      02/05/2015       1234567XXX  0987654XXX
IBPATIENT,TWO    9341  BLUE CROSS    XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE      02/09/2015       1234567XXX  0987654XXX
IBPATIENT,TWO    9341  BLUE CROSS    XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE      02/09/2015       1234567XXX  0987654XXX
IBPATIENT,TWO    9341  BLUE CROSS    XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE      02/09/2015       1234567XXX  0987654XXX
```

5.25.11. Patient Billing Inquiry

The Patient Billing Inquiry option allows the user to display/print information on any reimbursable insurance bill, Pharmacy Copay, or Means Test bill. The information provided differs depending on the bill type.

For reimbursable insurance bills, the information provided includes bill status, rate type, reason cancelled (if applicable), admission date (for inpatients), all outpatient visits (for outpatients), charges, amount paid, statement to and from dates, each action that was taken on that bill, and the user who performed it. If the user opts to view the full inquiry, address information from the PATIENT file (#2) and the bill is also provided.

The information provided in a brief inquiry for Pharmacy Copay charges includes date of charge, type of charge (syntax: patient eligibility - action type - status), brief description (syntax: prescription # - drug name - # of units), amount of charge or credit, and an explanation of any charge removed, if applicable. A full inquiry, in addition to the information provided in the brief inquiry, provides information from the PRESCRIPTION file (#52), as well as address information on the patient.

The display / output for Means Test bills is very similar to the brief inquiry for Pharmacy Copay. It includes the date of charge, charge type, brief description, units, and amount of charge. A full inquiry also includes address information on the patient.

The medication copayment exemption status and reason are displayed for medication copayment and Means Test bills.

Medication Copayment charge cancellation can be displayed in the Brief and Full output (Public Law 114-315).

Sample Output of Brief Inquiry

```
IBpatient,one      XXX-XX-XXXX      XXX-XXXXXX   FEB 19, 1992@14:17  PAGE:1
============================================================================
Bill Status    : PRINTED - RECORD IS UNEDITABLE
Rate Type      : REIMBURSABLE INSURANCE
Form Type      : UB-82
Op Visit dates : APR 14,1992
Charges        : $148.00
LESS Offset    :  $30.00
Bill Total     : $118.00
Statement From : APR 14,1992
Statement To   : APR 14,1992
Entered        : APR 15, 1992 by ED
First Reviewed : APR 16, 1992 by SUE
Last Reviewed  : APR 16, 1992 by SUE
Authorized     : APR 16, 1992 by SUE
Last Printed   : APR 16, 1992 by GARY
IBpatient,one      XXX-XX-XXXX      XXX-XXXXXX  FEB 19, 1992@14:17    PAGE:2
============================================================================
*** ADDRESS INFORMATION ***
Patient Address: 117 TEST DRIVE
                 ANYTOWN, NEW YORK
                 000-000-0000
Mailing Address: ABC INS
                 1262 MOONBEAM AVENUE
                 ANYTOWN, CALIFORNIA   12345
```

```
Ins Co. Address: ABC INS
                 1262 MOONBEAM AVENUE
                 ANYTOWN, CALIFORNIA  12345
                 000-000-0000
```

Sample Output of Full Inquiry

```
IBpatient,one     XXX-XX-XXXX      XXX-XXXXXX   FEB 24, 1992@09:09   PAGE:1
Medication Copayment Exemption Status: NON-EXEMPT
Patient's income is greater than Copay Income Threshold
==============================================================================
FEB 14, 1992   INPT COPAY (MED) NEW  INPT CO-PAY (MED)        1     $200.00
FEB 20, 1992   INPT COPAY (MED) CAN  INPT CO-PAY (MED)        1    ($200.00)
    Charge Removal Reason: MT CHARGE EDITED
                                                             -----------
                                                                 $0.00
IBpatient,one             XXX-XXXXXX   FEB 24, 1992@09:09   PAGE: 2
Medication Copayment Exemption Status: NON-EXEMPT
Patient's income is greater than Copay Income Threshold
==============================================================================
                     *** ADDRESS INFORMATION ***
Patient Address: 28 TEST RD
                 ANYTOWN, MASSACHUSETTS
                 000-000-0000
```

Sample Output of Brief Inquiry for a Pharmacy Copay Bill

```
IBpatient,one     XXX-XX-XXXX      XXX-XXXXXX   FEB 24, 1992@09:18   PAGE:1
Medication Copayment Exemption Status: EXEMPT
Patient's income below Copay Income Threshold
DATE            CHARGE TYPE          BRIEF DESCRIPTION      UNITS     CHARGE
==============================================================================
MAR 15, 1991    SC RX COPAY NEW      RX#XXXXXX-REF 5-ENDU     3      $6.00
MAR 15, 1991    SC RX COPAY NEW      RX#XXXXXX 9999-CLONI     4      $8.00
                                                            -----------
                                                               $14.00
```

Sample Brief Output for Medication Copay Cancellation Due to Medal of Honor

```
IBPATIENT,MOH     XXX-XX-XXXX      XXX-XXXXXX   FEB 11, 2019@17:06   PAGE: 1
Medication Copayment Exemption Status: EXEMPT
Patient awarded Medal of Honor
DATE            CHARGE TYPE          BRIEF DESCRIPTION      UNITS     CHARGE
==============================================================================
FEB 11, 2019    INPT COPAY (SUR) NEW  INPT CO-PAY (SUR)      1    $1,364.00
FEB 11, 2019    INPT COPAY (SUR) CAN  INPT CO-PAY (SUR)      1   ($1,364.00)
    Charge Removal Reason: MEDAL OF HONOR
                                                            ------------
                                                               $0.00
```

5.25.12. List all Bills for a Patient

The List all Bills for a Patient option is used to print a list of all bills on file for a selected patient. The patient may be selected by name or social security number.

The List all Bills for a Patient includes three options:

- First Party Bills Only

- Third Party Bills Only

- Both Bill Types

This allows the user to view bills for a certain bill type, filter the bills for a specified time period, and add a starting date of care and ending date of care.

The bills are listed by date of care in reverse date order. The bill number, date printed, action/rate type, classification, date of care, statement from and to dates, amount collected, status, and timeframe of the bill will be displayed for each bill on the list.

The table below provides a brief explanation of some of these data elements:

Table 11: Data Element Descriptions

Data Element	Description
Bill Number	If IB action is incomplete, "pending" is displayed. If IB action is converted, this field will be blank.
Date Printed	Date bill generated.
Action/Rate Type	Action for IB actions; rate type for insurance bills.
Date of Care	Admission date for inpatients; opt visit date for outpatients; date medication dispensed for Pharmacy Copay.
Amount Collected	Not applicable to patient bills; amount from Accounts Receivable for insurance bills.
Time frame of Bill	Null if IB action.
Reject Indicator	The "c" indicates a rejected bill. A reject is defined to be a billing reject that is on the Claim Status Awaiting Resolution (CSA) or Medicare Remittance Advice Worklist (MRW) report.

- The user will be prompted for a patient name and prompted to include or not include Pharmacy Copay charges on the report.

- The user will also be prompted for an option to export the report to Microsoft Excel.

- The output produced by this option must be generated at a 132-column margin width.

Sample Output

```
Select Billing <TEST ACCOUNT> Option: ^List All
     1     List all Menu Templates  [XQTSHO]
     2     List all Bills for a Patient  [IB LIST ALL BILLS FOR PAT.]
     3     List All Local Print Fields  [IBCE LIST LOCAL]
     4     List All Bills  [PRCA LIST ALL BILLS]
Type '^' to stop, or choose a number from 1 to 4 :2  List all Bills for a Patien
t
Select PATIENT NAME: IBPatient,one    IBPatient,one        X-X-XX    XXXXXXXX    NO    NSC VETERAN    CD
 Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Include Pharmacy Co-Pay charges on this report? NO//
     Select one of the following:
          F          FIRST PARTY
          T          THIRD PARTY
          B          BOTH
(F)irst Party Bills,(T)hird Party Bills, or (B)oth on this report: B// OTH
Enter Starting Date of Care: 2/1/19  (FEB 01, 2019)
Enter Ending Date of Care: Apr 13, 2020// 8/1/19  (AUG 01, 2019)
Export the report to Microsoft Excel (Y/N)? NO// YES
     Before continuing, please set up your terminal to capture the
     detail report data and save the detail report data in a text file
     to a local drive. This report may take a while to run.
     Note: To avoid undesired wrapping of the data saved to the file,
          please enter '0;256;99999' at the 'DEVICE:' prompt.
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80// 132
List of all Bills for IBPatient,one   SSN: XXX-XX-XXX                              APR 13,2020@11:08:27 PAGE 1
BILL    DATE                                       DATE OF    STATEMENT   STATEMENT   AMOUNT
NO.     PRINTED    ACTION/RATE TYPE    CLASSIFICATION   CARE    FROM DATE   TO DATE    COLLECTED    STATUS    TIMEFRAME OF BILL
----------------------------------------------------------------------------------------------------------------------------
XXXXXXX 04/01/20   CC (RX) NEW         RX COPAYMENT    03/15/20 03/15/20   03/15/20   N/A          BILLED
XXXXXXX 03/20/20   CC URGENT CARE (O   CC URGENT OPT   03/13/20 03/13/20   03/13/20   N/A          CANCELLED
XXXXXXX 03/20/20   CC URGENT CARE (O   CC URGENT OPT   03/12/20 03/12/20   03/12/20   N/A          CANCELLED
XXXXXXX 03/20/20   OPT COPAY NEW       OPT COPAYMENT   03/11/20 03/11/20   03/11/20   N/A          CANCELLED
XXXXXXX 03/20/20   CC (OPT) NEW        CC OPT COPAY    03/10/20 03/10/20   03/10/20   N/A          CANCELLED
XXXXXXX 03/20/20   CC (OPT) NEW        CC OPT COPAY    03/10/20 03/10/20   03/10/20   N/A          CANCELLED
```

5.25.13. Category C Billing Activity List

The Category C Billing Activity List option is used to list all Means Test / Category C charges within a specified date range. The list is alphabetical by patient name.

This output provides the patient's name and ID, a brief description, the status and the billing period for the bill, the units (the number of days a charge occurred), and the amount of the charge. For inpatient copay charges, the description includes the treating specialty for the episode of care.

As stated above, the units reflect the number of days a charge occurred. For inpatient copay charges the unit will always be one, even if the patient accrued the charges over several days before the Medicare deductible was met.

Sample Output

```
Category C Billing Activity List                FEB 26, 1992@09:14:28     Page: 1
Charges from 01/01/92 through 02/26/92
PATIENT/ID              DESCRIPTION      STATUS       FROM       TO    UNITS CHARGE
--------------------------------------------------------------------------------
IBpatient,one     XXXX INPT PER DIEM     BILLED     01/02/92 01/03/92  2    $20.00
                  INPT COPAY (ALC)       BILLED     01/02/92 01/03/92  1   $476.00
IBpatient,two     XXXX OPT COPAY         PENDING A/R 02/11/92 02/11/92 1     $0.00
IBpatient,three   XXXX INPT PER DIEM     BILLED     01/13/92 01/14/92  2    $20.00
                  INPT COPAY (MED)       BILLED     01/13/92 01/14/92  1   $652.00
IBpatient,four    XXXX OPT COPAY         PENDING A/R 02/12/92 02/12/92 1     $0.00
```

5.25.14. Former OTH Patient Eligibility Change Report

This report identifies Former Service Members whose Primary Eligibility changed from EXPANDED MH CARE NON-ENROLLEE to a new Primary Eligibility with a VERIFIED eligibility status. These patients are no longer treated under the Other Than Honorable (OTH) authority (VHA Directive 1601A.02).

The date range entered is used to select the "last episode of care" and/or "released prescriptions". The patient will not display on the report if there is no episode of care or

released prescription within the date range.

*** THIS REPORT REQUIRES 132 COLUMN margin width ***

NOTE: *The figure below is an example of the Former OTH Patient Eligibility Change Report.*

```
                                    FORMER OTH PATIENT ELIGIBILITY CHANGE REPORT                         Page: 1
================================================================================================================
OTH Eligibility Change Date Range: 02/13/2021 TO 05/24/2021                     Date Printed : Jun 16, 2021 11:31 am
List of Patients whose primary eligibility changed from EXPANDED MH CARE NON-ENROLLEE to a new primary eligibility code with
eligibility status of VERIFIED and episode(s) of care.
The Current MST Screening indicates the latest MST screening result for the patient.
The Station column provides data on which site(s) the patient was treated.
================================================================================================================
PATIENT NAME               DATE OF    PID   OTH REG    NEW ELIGIBILITY CODE       CURRENT MST    SC%  ELIGIBILITY  STATION
                           BIRTH            DATE                                  SCREEN STATUS       CHANGE DATE
-------------------------  ---------- ----- ---------- -------------------------  -------------- ---  ----------  -------
IBPATIENT,TESTONE  (XXXXX) XX/XX/XXXX XXXXX 02/13/2021 SC LESS THAN 50%           UNKNOWN         20  05/24/2021   442
IBPATIENT,TESTTWO  (XXXXX) XX/XX/XXXX XXXXX 03/16/2021 SC LESS THAN 50%           YES              0  04/23/2021   442
IBPATIENT,TESTTWA  (XXXXX) XX/XX/XXXX XXXXX 04/14/2021 SC LESS THAN 50%           DECLINE          0  04/27/2021   442
IBPATIENT,TESTTWB  (XXXXX) XX/XX/XXXX XXXXX 04/29/2021 NSC                        NO DATA FOUND       04/29/2021   442
IBPATIENT,TESTTWC  (XXXXX) XX/XX/XXXX XXXXX 05/24/2021 SC LESS THAN 50%           YES              0  06/11/2021   442
IBPATIENT,TESTTWD  (XXXXX) XX/XX/XXXX XXXXX 05/24/2021 SC LESS THAN 50%           NO               0  06/14/2021   442
================================================================================================================
Number of Unique Patients:     6
<< end of report >>
```

5.25.15. Former OTH Patient Detail Report

This report assists billing user in reviewing Former Service Member's past episodes of care and released prescription details to determine if potential back-billing is necessary.

***THIS REPORT REQUIRES 132 COLUMN OUTPUT TO PRINT CORRECTLY ***

Sample Output: Eligibility Section

```
                                   FORMER OTH PATIENT DETAIL REPORT
Patient Name:  IBPATIENT,TESTONE  (XXXXX)                                                       DOB:  XXX XX,XXXX
=================================================================================================================
Current Eligibility Code : SC LESS THAN 50%  --  VERIFIED    05/26/2021
Other Eligibility Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
Enrollment Priority      : GROUP 1
-----------------------------------------------------------------------------------------------------------------
Means Test Signed?:
Patient's status is MT COPAY REQUIRED based on primary means test
Has agreed to pay the deductible
Primary Means Test Last Applied 'MAY 26,2021' (COMPLETED: MAY 26,2021@13:44)
Service Connected : YES          SC Percent :  0%
Rated Disabilities: 9410 - NEUROSIS (0% SC)
Health Insurance  : NO
   Insurance   COB Subscriber ID    Group       Holder  Effective  Expires
=================================================================================================================
 No Insurance Information
            *** Patient has Insurance Buffer entries ***
```

5.25.15.1. Former OTH Patient Detail Report

Sample Output: Eligibility Section

```
Patient Name:  IBPATIENT,TESTONE  (I6863)                                                      DOB:  XXX XX,XXXX
=================================================================================================================
                                  PRIMARY ELIGIBILITY/EXPANDED CARE TYPE HISTORY
-----------------------------------------------------------------------------------------------------------------
Primary Eligibility                                      Date of Change
-----------------------------------------------------------------------------------------------------------------
SC LESS THAN 50%                                          05/26/2021
EXPANDED MH CARE NON-ENROLLEE  (OTH-90)                   07/28/2020
```

Sample Output: Patient's Episode of Care

```
Patient Name:  IBPATIENT,TESTONE  (XXXXX)                                         DOB:  XXX XX,XXXX
===========================================================================================================
                                       PATIENT'S EPISODE OF CARE
                                  Date Range: 07/28/2020 - 05/26/2021
-----------------------------------------------------------------------------------------------------------
Location of          Clinic Stop/          Primary  Div.  Date of   Last Updated   Bill #    Action Type/   IB Status
Care                 Treating Specialty     DX             Service    By                      Rate Type
-----------------------------------------------------------------------------------------------------------
RDCLINIC4            POLYTRAUMA/TBI IND     E11.00   442GB 02/25/2021 USER,USERONE
-----------------------------------------------------------------------------------------------------------
Total Number of Episode(s) of Care:  1
```

5.25.15.2. Former OTH Patient Detail Report

Sample Output: Patient's Released Prescription

```
Patient Name:  IBPATIENT,TESTONE  (XXXXX)                                         DOB:  XXX XX,XXXX
===========================================================================================================
                                     PATIENT'S RELEASED PRESCRIPTION
                                  Date Range: 07/28/2020 - 05/26/2021
                                       Sorted By: Rx Release Date
-----------------------------------------------------------------------------------------------------------
Rx #          Copay  # of    Days    Division  Fill Date   Rx Release   Bill #     Action Type/        IB Status
              Tier   Refills Supply                        Date                    Rate Type
-----------------------------------------------------------------------------------------------------------
XXXXXXX        2     11      10      442GC     05/24/2021  05/24/2021
XXXXXXX        1     11      10      442GC     05/24/2021  05/24/2021
XXXXXXX        1     11      10      442GC     05/24/2021  05/24/2021
XXXXXXX(X)     2     11      10      442QD     05/25/2021  05/26/2021   XXXXXXX    PSO NSC RX COPAY NEW  BILLED
XXXXXXX(X)     1     11      10      442QD     05/25/2021  05/26/2021   XXXXXXX    PSO NSC RX COPAY NEW  BILLED
XXXXXXX(X)     1     11      10      442QD     05/25/2021  05/26/2021   XXXXXXX    PSO NSC RX COPAY NEW  BILLED
XXXXXXXX       2     11      10      442QD     05/26/2021  05/26/2021   XXXXXXX    PSO NSC RX COPAY NEW  BILLED
XXXXXXXX       2      5      10      442QD     05/26/2021  05/26/2021   XXXXXXX    PSO NSC RX COPAY NEW  BILLED
-----------------------------------------------------------------------------------------------------------
Total Number of Rx:    5
<< end of report >>
```

5.26. Third Party Output Menu

5.26.1. Veterans w/Insurance and Discharges

The Veterans w/Insurance and Discharges option is used to produce a list of all patients who have reimbursable insurance and who were discharged from the medical center during a selected date range. For dates of care prior to 10/1/90, service-connected veterans with insurance who were treated for a non-service-connected condition (from the PTF record) will be included on the list. This list may be used to help ensure that a bill exists for all billable inpatient episodes of care for that date range.

The user may include unbilled patients, previously billed patients, or both on the report. If the user opts to print ALL (both unbilled and previously billed), the report is sorted by these two categories. The unbilled patients portion displays the patient ID#, patient name, SSN, eligibility status, date of care (event date), and the patient's insurance companies. The previously billed list displays the same data plus every bill within the selected date range for each patient showing the bill number, bill rate type, statement from and to dates, and the debtor.

The lists are printed in alphabetical order by patient name or numerically by terminal digit (8th and 9th digit of the SSN, then 6th and 7th, etc.). For multidivisional sites, the user may print a list for each division.

It is recommended the report be queued to print during non-peak user hours.

Sample Output

```
*Veterans with Reimbursable Insurance and INPATIENT Discharges for the period covering FEB 01,1992 through FEB 29,1992
UNBILLED PATIENTS for Division ANYTOWN                Printed: MAR 01,1992@06:00            Page: 1
PT ID PATIENT              SSN           ELIGIBILITY      DATE OF DISCHARGE     INSURANCE COMPANIES
================================================================================================================
XXXX  IBpatient,one        XXX-XX-XXXX   NON-SERVICE CONN  FEB 20,1992@15:51:15  ABC
XXXX  IBpatient,two        XXX-XX-XXXX   NON-SERVICE CONN  FEB 19,1992@12:52:51  ALLSTATE
XXXX  IBpatient,three      XXX-XX-XXXX   NON-SERVICE CONN  FEB 19,1992@14:40:18  NORTHWEST
*Veterans with Reimbursable Insurance and INPATIENT Discharges for the period covering FEB 01,1992 through FEB 29,1992
PREVIOUSLY BILLED PATIENTS for Division ANYTOWN         Printed: MAR 01,1992@06:00            Page: 1
PT ID PATIENT              SSN           ELIGIBILITY      DATE OF DISCHARGE      INSURANCE COMPANIES
================================================================================================================
XXXX  IBpatient,one       XXX-XX-XXXX   NON-SERVICE CONN  FEB 7,1992@13:48:23    ABC
       XXXXXX     REIM INS-INPT      From: 02/07/92    To: 02/07/92       Debtor: ABC
XXXX  IBpatient,two              NON-SERVICE CONN  FEB 14,1992@13:00     ABC
       XXXXXX     REIM INS-INPT      From: 02/14/92    To: 02/19/92       Debtor: ABC
XXXX  IBpatient,three     XXX-XX-XXXX   NON-SERVICE CONN  FEB 7,1992@13:48:23    ABC
       XXXXXX     REIM INS-INPT      From: 02/07/92    To: 02/10/92       Debtor: ABC
```

5.26.2. Veteran Patient Insurance Information

The Veteran Patient Insurance Information option provides insurance information on veteran inpatients. This includes such information as insurance company, insurance number, group number, and insurance expiration date. Medical information is also shown. Dates of admission and discharge and status of the PTF records are provided. The report is broken down by patient, with information on length of stay for each bed section, diagnoses, and diagnostic codes. The total length of stay is shown with the primary diagnosis.

The form indicates whether the policy shown will reimburse VA for the cost of medical care. If the REIMBURSE field of the INSURANCE COMPANY file is set to NO for any of the companies that cover the applicant, an asterisk (*) will be shown next to the insurance company name and the following message will appear.

```
     * -  Insurer may not reimburse!!
```

All this information is used in billing the insurance companies for the cost of the veteran's care.

The report may be sorted sequentially by discharge or admission date. The user will be prompted for a date range and device. Depending on the number of applicable admissions and the size of the date range specified, generation of this report could be time-consuming. The user may opt to queue the report to print during non-peak user hours.

Sample Output

```
THIRD PARTY REIMBURSEMENT                          PRINTED: JAN 11,1991@0915
IBpatient,one                          EMPLOYMENT STATUS: EMPLOYED
(PT ID: XXXXXXXX)                             EMPLOYER: ABC LUMBER
307 TEST BLVD                               OCCUPATION: CARPENTER
ANYTOWN, OHIO   55555
INSURANCE TYPE          INSURANCE #         GROUP #        EXPIRES      HOLDER
--------- ----          --------- -         ----- -       -------      ------
ABC INS                 xxx                 887            01/01/93     VETERAN
*XYZ INS                xxxxx               21             12/31/91     VETERAN
                 * - Insurer may not reimburse!!
Admitted: APR 9,1990@14:00           Discharged: APR 19,1990@13:39
PTF Record not closed
DATE                LOS BEDSECTION     LOS     DIAGNOSES
----                --------------     ----    ---------
APR 10,1990@11:29   OPHTHALMOLOGY       1      334.4 (CORNEAL ABRASION)
APR 11,1990@10:10   UROLOGY             1      778.0 (URINARY TRACT INFECTION,
                                                      UNSPEC.)
APR 19,1990@13:39   CARDIOLOGY          8      654.00 (MYOCARDIAL INFARCTION)
                                       ----    -----------
                    TOTAL LOS:          10     DXLS: 654.00 (MYOCARDIAL INFARCTION)
```

5.26.3. Veterans w/Insurance and Inpatient Admissions

The Veterans w/Insurance and Inpatient Admissions option is used to produce a list of all patients who have reimbursable insurance and who had admissions to the medical center during a selected date range. For dates of care prior to 10/1/90, service-connected veterans with insurance who were treated for a non-service-connected condition (from the PTF record) will be included on the list. This list may be used to help ensure that a bill exists for all inpatient billable episodes of care for the selected date range.

The user may include unbilled patients, previously billed patients, or both on the report. If the user opts to print ALL (both unbilled and previously billed), the report is sorted by these two categories. The unbilled patients portion displays the patient ID#, patient name, SSN, eligibility status, date of care (event date), and the patient's insurance companies. The previously billed list displays the same data plus every bill within the selected date range for each patient showing the bill number, bill rate type, statement from and to dates, and the debtor.

The lists are printed in alphabetical order by patient name or numerically by terminal digit (8th and 9th digit of the SSN, then 6th and 7th, etc.). For multidivisional sites, the user may print a list for each division.

Depending on the size of the database and the date range selected, this report could be quite lengthy. It is recommended the report be queued to print during non-peak user hours.

Sample Output

```
Veterans with Reimbursable Insurance and INPATIENT Admissions for period covering FEB 1,1992 through FEB 29, 1992
UNBILLED PATIENTS for Division ANYTOWN                           Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT           SSN            ELIGIBILITY       DATE OF CARE        INSURANCE COMPANIES
=================================================================================================
XXXX   IBpatient,one     XXX-XX-XXXX    NON-SERVICE CONN  FEB 05,1992@15:51:15  ABC
XXXX   IBpatient,two     XXX-XX-XXXX    NON-SERVICE CONN  FEB 13,1992@13:40     NATIONWIDE
Veterans with Reimbursable Insurance and INPATIENT Admissions for period covering FEB 1,1992 through FEB 29, 1992
PREVIOUSLY BILLED PATIENTS for Division ANYTOWN                  Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT           SSN            ELIGIBILITY       DATE OF CARE        INSURANCE COMPANIES
=================================================================================================
XXXX   IBpatient,one     XXX-XX-XXXX    NON-SERVICE CONN  FEB 1,1992@11:10     XYZ INS
        XXXXXX    REIM INS-INPT    From: 02/01/92   To: 02/10/92      Debtor: XYZ INS
XXXX   IBpatient,two     XXX-XX-XXXX    NON-SERVICE CONN  FEB 24,1992@08:09    UNITED WORKERS
        XXXXXX    REIM INS-INPT    From: 02/24/92   To: 02/28/92      Debtor: UNITED WORKERS
        XXXXXX    REIM INS-INPT    From: 02/28/92   To: 02/29/92      Debtor: UNITED WORKERS
XXXX   IBpatient,three   XXX-XX-XXXX    NON-SERVICE CONN  FEB 10,1992@13:34    INTERNATIONAL
        XXXXXX    REIM INS-INPT    From: 02/10/92   To: 02/14/92      Debtor: INTERNATIONAL
```

5.26.4. Veterans w/Insurance and Opt. Visits

The Veterans w/Insurance and Opt. Visits option is used to produce a list of all patients who have reimbursable insurance and who had outpatient visits to the medical center during a selected date range. For dates of care prior to 10/1/90, service-connected veterans with insurance will be included on the list.

Non-count clinics and unbillable appointment types are excluded from the list. This list may be used to help ensure that a bill exists for all outpatient billable episodes of care for that time frame.

This report includes patients who have either add / edit stop codes, 10-10 registrations, or scheduled appointments during the selected date range. The stop code, registration type, or clinic is included on the output for each entry. This information may be used to aid in determining how a charge should be billed.

The user may include unbilled patients, previously billed patients, or both on the report. If the user opts to print ALL (both unbilled and previously billed), the report is sorted by these two categories. The unbilled patients portion displays the patient ID#, patient name, SSN, eligibility status, date of care (event date), and the patient's insurance companies. The previously billed list displays the same data plus every bill within the selected date range for each patient showing the bill number, bill rate type, statement from and to dates, and the debtor.

The lists are printed in alphabetical order by patient name or numerically by terminal digit (8th and 9th digit of the SSN, then 6th and 7th, etc.). For multidivisional sites, the user may print a list for each division.

It is recommended the report be queued to print during non-peak user hours.

Sample Output

```
Veterans with Reimbursable Insurance and OUTPATIENT Appointments for period covering FEB 1,1992 through FEB 29, 1992
UNBILLED PATIENTS for Division ANYTOWN                        Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT              SSN           ELIGIBILITY        DATE OF CARE           INSURANCE COMPANIES
=====================================================================================================
XXXX    IBpatient,one        XXX-XX-XXXX   NON-SERVICE CONN    FEB 12,1992@09:45      XYZ INS
         Add/Edit Stop Code with 900,
XXXX    IBpatient,two        XXX-XX-XXXX   NON-SERVICE CONN    FEB 23,1992@13:40      ABC
         Clinic: DERMATOLOGY
XXXX    IBpatient,three      XXX-XX-XXXX   NON-SERVICE CONN    FEB 29,1992@09:44      ABC
         Clinic: DERMATOLOGY
XXXX    IBpatient,four       XXX-XX-XXXX   NON-SERVICE CONN    FEB 18,1992@23:45      BLUE SHIELD
         Registration: HOSPITAL ADMISSION
Veterans with Reimbursable Insurance and OUTPATIENT Appointments for period covering FEB 1,1992 through FEB 29, 1992
PREVIOUSLY BILLED PATIENTS for Division ANYTOWN                Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT              SSN           ELIGIBILITY        DATE OF CARE           INSURANCE COMPANIES
=====================================================================================================
XXXX    IBpatient,one        XXX-XX-XXXX   NON-SERVICE CONN    FEB 11,1992@14:34      BLUE CROSS
         Add/Edit Stop Code with 102, 301, 706
         XXXXXX   REIM INS-OUTP   From: 02/11/92   To: 02/11/92        Debtor: BLUE CROSS
XXXX    IBpatient,two        XXX-XX-XXXX   NON-SERVICE CONN    FEB 12,1992@07:09      ABC   INSURANCE
         Clinic: MEDICAL
         00089A   REIM INS-OUTP   From: 02/12/92   To: 02/12/92        Debtor: ABC   INSURANCE
XXXX    IBpatient,three      XXX-XX-XXXX   NON-SERVICE CONN    FEB 26,1992@09:45      ABC   INSURANCE
         Clinic: MEDICAL
         00096A   REIM INS-OUTP   From: 02/26/92   To: 02/29/92        Debtor: ABC   INSURANCE
```

5.26.5. Patient Review Document

The Patient Review Document option is used to print the Third-Party Review Form by patient name and admission date specifications. This form is used in connection with veteran patients admitted to the hospital who have private medical insurance. The form provides patient's name, patient ID#, admission date, diagnoses, and ward location. Insurance information provided includes insurance company name, address and phone number, policy number, and group number. The insurance data is not displayed if the insurance has expired.

The form is then divided into four sections. Section one concerns pre-admission certification. It shows whether pre-admission certification is required. If required, it provides information concerning the decision made by the insurance company regarding the admission. Information includes number of days certified, whether medical information is insufficient, and whether outpatient care is more appropriate. Section two concerns the need for a second surgical opinion, if required, and results of the second opinion.

Section three provides information concerning the length of stay review; if further stay was approved or if disapproved, the reasons for denial. Section four shows bill status – denied in full, denied in part, or paid in full. If denied, the reasons for denial are given. The bill number is also shown.

Sample Output

```
NAME: IBpatient,one                                      DATE PRINTED: DEC 12, 1990
                                                              PT ID: XXXXXXXX
INSURANCE CARRIER: ABC Insurance Company
        ADDRESS: 234 Test St., ANYTOWN, California  15436
          PHONE: XXX-XXXX                POLICY #: XXXXXXXXX        GROUP #: 10
  PRE-CERT PHONE:                    BILLING PHONE:
INSURANCE CARRIER:
        ADDRESS:
          PHONE:                          POLICY #:                GROUP #:
  PRE-CERT PHONE:                    BILLING PHONE:
INSURANCE CARRIER:
        ADDRESS:
          PHONE:                          POLICY #:                GROUP #:
  PRE-CERT PHONE:                    BILLING PHONE:
ADMITTING DX: Pneumonia                             WARD: 8A
SCHEDULED ADMISSION DATE:                           ADMISSION DATE: JUN 26, 1986
-------------------------------------------------------------------------------
PRE-ADMISSION CERTIFICATION:
___NUMBER DAYS CERTIFIED                 _____AUTHORIZATION NUMBER
___NOT REQUIRED
___FAILURE TO MEET ESTABLISHED ADMISSION CRITERIA
___MEDICAL INFORMATION IS INSUFFICIENT
___OPT CARE IS MORE APPROPRIATE
___OTHER LEVELS OF SERVICE ARE MORE APPROPRIATE (NURSING HOME VS HOSPITAL)
___POLICY DOES NOT COVER MEDICAL CARE REQUIRED
___COVERAGE EXHAUSTED
___OTHER                                 PREPARED BY _____
-------------------------------------------------------------------------------
SECOND SURGICAL OPINION NEEDED: _____YES    _____NO
SECOND SURGICAL OPINION OBTAINED: _____YES    _____OUTSIDE MD RECOMMENDED AGAINST SURGERY
                              _____NOT APPLICABLE _____OTHER
                              _____NOT RECEIVED          PREPARED BY _____
-------------------------------------------------------------------------------
LOS REVIEW DATE: _____        DATE APPROVED: _____
NUMBER OF DAYS EXTENDED:  _____        _____AUTHORIZATION NUMBER
___PRE-OP DAYS DENIED                    ___APPROPRIATE ALTERNATIVE TREATMENT OPTIONS EXIST
___MORE MEDICAL INFORMATION NEEDED       ___ALTERNATIVE TREATMENT NOT COVERED BY POLICY
___FAILURE TO MEET CONTINUED STAY CRITERIA ___AVAILABILITY OF ALTERNATIVE TREATMENT
```

```
___APPROPRIATE ALTERNATIVE TREATMENT OPTIONS EXIST  ___COVERAGE EXHAUSTED
___OTHER                                                    PREPARED BY _____
----------------------------------------------------------------------------------------
BILLS DENIED IN FULL:                            BILL DENIED IN PART:
_____EXCLUSIONARY CLAUSE STILL IN EFFECT       _____DEDUCTIBLE/COPAYMENT APPLIES
_____DEDUCTIBLE/COPAYMENT APPLIES              _____PORTION OF CARE NOT COVERED BY POLICY
_____TYPE OF CARE NOT COVERED BY POLICY        _____EXCEEDS USUAL AND CUSTOMARY CHARGES
_____PATIENT DOES NOT HAVE CURRENT COVERAGE    _____PAYMENT LIMITED TO PREAUTHORIZED DAYS
_____INSURER WILL NOT PAY PER DIEM RATES       _____OTHER
_____TREATMENT/ADMISSION NOT AUTHORIZED BY INSURANCE CARRIER
_____OTHER                                     _____BILL PAID IN FULL
                                                            PREPARED BY _____
----------------------------------------------------------------------------------------
REMARKS:
BILL # _____
```

5.26.6. Inpatients w/Unknown or Expired Insurance

This option allows the user to print a list of veteran inpatients with no insurance, expiring insurance (expired or will expire within 30 days), or unknown insurance. The user may include any or all these categories. The output may then be used to obtain insurance information from the veterans while current inpatients.

If the site is multidivisional, one, many, or all divisions may be included. A subtotal is provided for each division.

The report may be printed for the current date or a specified date range. When the user selects a date range, all patients who were admitted during that date range are included. If the user opts to display for the current date, all patients who are currently inpatients are included. The report may be further sorted by ward.

Producing this output may be very time consuming. It is recommended to queue this option and run during off hours. The required margin width is 132 columns.

Sample Output

```
JUN 1,1993  PAGE 1
VETERANS WITH NO INSURANCE THAT WERE ADMITTED BETWEEN MAY 22,1993 AND JUN 1,1993
   PATIENT/WARD          PT ID           ADMISSION DATE         AGE    %SC   MARITAL STATUS   EMPLOYMENT STATUS
-----------------------------------------------------------------------------------------------------------------
     Division:        NORTHSIDE
=================================================================================================================
     Ward:           11B
  IBpatient,one       XXX-XX-XXXX      MAY 22,1993@16:37     55     40    WIDOW/WIDOWER    EMPLOYED FULL TIME
   11B                Address:        555 KILBOURN                       Tele:        XXX-XXX-XXXX
                                      ANYTOWN,NY XXXXX
```

```
                       Employer:      ACME CONSTRUCTION                  Tele:        XXX-XXX-XXXX
                                      MAPLE AVE
                                      ANYTOWN,NY 12208
     IBpatient,two      XXX-XX-XXXX    MAY 30,1993@07:00    62      0   MARRIED       EMPLOYED FULL TIME
       11B              Address:      000 1ST ST.                       Tele:        XXX-XXX-XXXX
                                      ANYTOWN,NY 12208
                       Employer:      ALBANY PLUMBING                    Tele:        XXX-XXX-XXXX
                                      23 RAILROAD AVE.
                                      ANYTOWN,NY 12208
-------------------------------------------------------------------------------------------------------
     Ward:             11C
     IBpatient,three   XXX-XXX-XXXX    JUN 1,1993@11:32     42      0   MARRIED       EMPLOYED FULL TIME
       11C              Address:      121 TEST AVE                       Tele:        XXX-XXX-XXXX
                                      ANYTOWN,NY 12184
                       Employer:      VAMC ALBANY                        Tele:        XXX-XXX-XXXX
                                      113 HOLLAND AVE.
                                      ANYTOWN,NY 12208
-------------------------------------------------------------------------------------------------------
     Subtotal: 3
---------------
     Total: 3
JUN 1,1993  PAGE 2
VETERANS WHOSE INSURANCE IS EXPIRED OR WILL EXPIRE WITHIN 30 DAYS THAT WERE ADMITTED BETWEEN MAY 22,1993 AND JUN 1,1993
   PATIENT/WARD        PT ID          ADMISSION DATE        AGE     %SC  MARITAL STATUS  EMPLOYMENT STATUS
-------------------------------------------------------------------------------------------------------
     Division:         NORTHSIDE
=======================================================================================================
     Ward:             11B
     IBpatient,one      XXX-XXX-XXXX    MAY 25,1993@16:37    35      0   WIDOW/WIDOWER   NOT EMPLOYED
       11B              Address:      49 TEST AVE                        Tele:        XXX-XXX-XXXX
                                      ANYTOWN,NY 12180
                       Insurance:     XYZ INS                            Expiration:   JUN 15,1993
-------------------------------------------------------------------------------------------------------
---------------
     Subtotal: 1
---------------
     Total: 1
JUN 1,1993  PAGE 3
VETERANS WHOSE INSURANCE IS UNKNOWN THAT WERE ADMITTED BETWEEN MAY 22,1993 AND JUN 1,1993
   PATIENT/WARD        PT ID          ADMISSION DATE        AGE     %SC  MARITAL STATUS  EMPLOYMENT STATUS
-------------------------------------------------------------------------------------------------------
     Division:         NORTHSIDE
=======================================================================================================
     Ward:             11C
     IBpatient,one     XXX-XXX-XXXX    MAY 22,1993@16:37    82     10   WIDOW/WIDOWER   RETIRED
       11C              Address:      55 TEST AVE                        Tele:        XXX-XXX-XXXX
                                      ANYTOWN,NY 12180
     IBpatient,two     XXX-XXX-XXXX    MAY 25,1993@07:00    60      0   MARRIED        EMPLOYED FULL TIME
       11C              Address:      256 HOLLAND AVE.                   Tele:        XXX-XXX-XXXX
                                      ANYTOWN,NY 12208
```

```
                    Employer:         ABC SECURITY                          Tele:          XXX-XXX-XXXX
                                      519 4TH ST
                                      ANYTOWN,NY 12208
    -------------------------------------------------------------------------------------------------------
       Subtotal: 2
    ---------------
       Total: 2
```

5.26.7. Outpatients w/Unknown or Expired Insurance

This option allows the user to print a list of veteran outpatients with no insurance, expiring insurance (expired or will expire within 30 days), or unknown insurance for a specified date range. The user may include any or all these categories.

One, many, or all divisions (if the site is multidivisional) and clinics may be included. A subtotal is provided for each division / clinic.

This option may be used to identify those patients who should be interviewed for insurance information while visiting a specified clinic. This report may be printed for a specified date or range of dates and sent to the appropriate clinic for follow-up.

This output may be very time consuming and should be queued. The margin width is 132 columns.

Sample Output

```
OUTPATIENT VISITS FOR VETERANS WITH NO INSURANCE                                      JUN 1,1992   PAGE 1
FOR APPOINTMENTS FROM MAY 22,1992 TO JUN 1,1992
   PATIENT NAME           PT ID              APPT DATE/TIME      AGE     %SC    MARITAL STATUS   EMPLOYMENT STATUS
-------------------------------------------------------------------------------------------------------------
       Division:          ALBANY
       Clinic:            DERMATOLOGY
   IBpatient,one          XXX-XXX-XXXX       MAY 22,1992@16:37   55      40     WIDOW/WIDOWER    EMPLOYED FULL TIME
                          Address:           555 TEST                          Tele:            XXX-XXX-XXXX
                                             ANYTOWN,NY XXXXX
                          Employer:          ACME CONSTRUCTION                 Tele:            XXX-XXX-XXXX
                                             MAPLE AVE
                                             ANYTOWN,NY 12208

   _____
   Clinic Subtotal  : 1
       Clinic:            ORTHOPEDIC
   IBpatient,two          XXX-XXX-XXXX       JUN 1,1992@11:32    42       0     MARRIED          EMPLOYED FULL TIME
                          Address:           121 TEST AVE                      Tele:            XXX-XXX-XXXX
                                             ANYTOWN,NY 12184
                          Employer:          VAMC ALBANY                       Tele:            XXX-XXX-XXXX
                                             113 HOLLAND AVE.
                                             ANYTOWN,NY 12208

   _____
   Clinic Subtotal  : 1
```

```
                _____
       Division Subtotal: 2
                _____
       Total           : 2
OUTPATIENT VISITS FOR VETERANS WHOSE INSURANCE IS EXPIRED OR WILL EXPIRE WITHIN 30 DAYS        JUN 1,1992  PAGE 1
FOR APPOINTMENTS FROM MAY 22,1992 TO JUN 1,1992
    PATIENT NAME              PT ID            APPT DATE/TIME      AGE    %SC    MARITAL STATUS   EMPLOYMENT STATUS
----------------------------------------------------------------------------------------------------------------
       Division:          ALBANY
       Clinic:            OPHTHALMOLOGY
    IBpatient,one             XXX-XXX-XXXX       MAY 25,1992@16:37  35      0    WIDOW/WIDOWER    NOT EMPLOYED
                             Address:           49 TEST AVE                           Tele:          XXX-XXX-XXXX
                                                ANYTOWN,NY 12180
                             Insurance:         XYZ INS                               Expiration:    JUN 15,1992
                _____
       Clinic Subtotal  : 1
                _____
       Division Subtotal: 1
                _____
       Total           : 1
OUTPATIENT VISITS FOR VETERANS WHOSE INSURANCE IS UNKNOWN                                       JUN 1,1992  PAGE 1
FOR APPOINTMENTS FROM MAY 22,1992 TO JUN 1,1992
    PATIENT NAME              PT ID            APPT DATE/TIME      AGE    %SC    MARITAL STATUS   EMPLOYMENT STATUS
----------------------------------------------------------------------------------------------------------------
       Division:          ALBANY
       Clinic:            MEDICAL
    IBpatient,two             XXX-XXX-XXXX       MAY 22,1992@16:37  82     10    WIDOW/WIDOWER    RETIRED
                             Address:           55 TEST AVE                           Tele:          XXX-XXX-XXXX
                                                ANYTOWN,NY 12180
                _____
       Clinic Subtotal  : 1
       Clinic:            SURGICAL
    IBpatient,three           XXX-XXX-XXXX       MAY 25,1990@07:00  60      0    MARRIED          EMPLOYED FULL TIME
                             Address:           256 TESTING AVE.                     Tele:          XXX-XXX-XXXX
                                                ANYTOWN,NY 12208
                             Employer:          GAVIN'S SECURITY                     Tele:          XXX-XXX-XXXX
                                                519 4TH ST
                                                ANYTOWN,NY 12208
                _____
       Clinic Subtotal  : 1
                _____
       Division Subtotal: 2
                _____
       Total           : 2
```

5.26.8. Single Patient Means Test Billing Profile

The Single Patient Means Test Billing Profile option provides a list of all Means Test / Category C charges within a specified date range for a selected patient.

The user will be prompted for patient name, date range, and device. The default at the "Start with DATE" prompt is October 1, 1990. This is the earliest date for which charges may be displayed.

This output displays the date the Means Test billing clock began, bill date, bill type (including the treating specialty for inpatient copay charges), the bill number, bill to date (for inpatient charges), amount of each charge, and the total charges for the selected date range.

Sample Output

```
Means Test Billing Profile for Test,Name  666-66-6XXX
From 01/01/14 through 10/29/19                                    OCT 29,
2019@08:54       Page: 1
BILL DATE   BILL TYPE                  BILL #   BILL TO   TOT CHARGE
-----------------------------------------------------------------------------
-----------------------------------------------
05/22/12  Begin Means Test Billing Clock
12/30/14  Begin Means Test Billing Clock
12/30/14   OUTPATIENT COPAY           XXXXXXX                $15.00
12/31/14   OUTPATIENT COPAY           XXXXXXX                $15.00
01/06/15   OUTPATIENT COPAY           XXXXXXX                $15.00
01/13/15   OUTPATIENT COPAY           XXXXXXX                $15.00
01/14/15   OUTPATIENT COPAY           XXXXXXX                $15.00
01/14/15   FEE SERVICE/INPATIENT      XXXXXXX   01/17/15    $243.20  *
01/14/15   FEE SERV INPT PER DIEM     XXXXXXX   01/17/15      $6.00  *
01/14/15   FEE SERVICE/INPATIENT      XXXXXXX   01/17/15   ($243.20) *
    Charge Removal Reason: ENTERED IN ERROR
01/14/15   FEE SERV INPT PER DIEM     XXXXXXX   01/17/15     ($6.00) *
    Charge Removal Reason: ENTERED IN ERROR
01/14/15   CC INPATIENT               XXXXXXX   01/15/15     $25.00  *
01/14/15   CC PER DIEM                XXXXXXX   12/29/15    $698.00  *
01/14/15   CC PER DIEM                XXXXXXX   01/15/15      $2.00  *
    **********Bills display continue on several pages**********
07/01/15   CCN PER DIEM               XXXXXXX   07/31/15    ($60.00) *
    Charge Removal Reason: ELIGIBILITY INCORRECT
08/01/15   CC MTF PER DIEM            XXXXXXX   08/31/15     $60.00  *
08/01/15   CC MTF PER DIEM            XXXXXXX   08/31/15    ($60.00) *
    Charge Removal Reason: CHANGE IN ELIGIBILITY
09/01/15   CHOICE PER DIEM            XXXXXXX   09/30/15     $58.00  *
09/01/15   CHOICE PER DIEM            XXXXXXX   09/30/15    ($58.00) *
    Charge Removal Reason: ENTERED IN ERROR
12/15/18   CC RX COPAY                XXXXXXX                 $8.00
12/15/18   CC RX COPAY                XXXXXXX                ($8.00)
    Charge Removal Reason: ENTERED IN ERROR
06/06/19   CC URGENT CARE             XXXXXXX                $30.00
06/06/19   CC URGENT CARE             XXXXXXX               ($30.00  )
    Charge Removal Reason: UC - CHANGE IN ELIGIBILITY
09/02/19   CC OUTPATIENT              XXXXXXX                $15.00
09/02/19   CC OUTPATIENT              XXXXXXX               ($15.00)
    Charge Removal Reason: ELIGIBILITY INCORRECT
    '*' - Geographic Means Test rates
        ----------$303.00
```

5.27. Third Party Billing Menu

5.27.1. Print Bill Addendum Sheet

This option is used to print the addendum sheets that may accompany HCFA-1500 prescription refill or prosthetic bills. The addendum contains information that could not fit on the bill form.

Prescription refill data provided on the addendum sheet may include prescription number, refill date, drug, quantity, # of days' supply, and the National Drug Code (NDC) #. Prosthetic data will include the date delivered to the patient and the item.

For the bill addendums to automatically print for every HCFA-1500 bill with prescription refills or prosthetic items, the billing default printer for the BILL ADDENDUM form type must be set through the Select Default Device for Forms option found on the System Manager's Integrated Billing Menu.

Sample Output

```
BILL ADDENDUM FOR IBpatient,one   - XXXXXX     JAN 28, 1994  11:00   PAGE 1
----------------------------------------------------------------------
PRESCRIPTION REFILLS:
XXX  Jan 03, 1994  DIGOXIN 0.25MG      QTY: 60   DAYS SUPPLY: 30  NDC #: XX-XXX-XXX
XXX  Jan 10, 1994  NAPROXEX 250MG S.T. QTY: 10   DAYS SUPPLY: 10  NDC #: XX-XXX-XXX
PROSTHETIC ITEMS:
JAN 02, 1994     WALKER-FOLDING-WHEELED
JAN 02, 1994     CANE-ALL OTHER
```

5.27.2. Authorize Bill Generation

The Authorize Bill Generation option is used to authorize the printing of third-party bills and the release of the information to Fiscal Service.

When a billing record is selected, the system performs a check to determine if another user is currently processing the same record. If not, the system will lock the record. If the lock is unsuccessful, it means another user already has that record locked and the following message will be displayed.

"No further processing of this record permitted at this time. Record locked by another user. Try again later."

A final review/edit of the information in the billing record may be performed through this option. The data is arranged so that it may be viewed and edited through various screens. The data is grouped into sections for editing. Each section is labeled with a number to the left of the data items. Data group numbers enclosed by brackets ([ ]) may be edited while those enclosed by arrows (< >) may not. The patient's name, social security number, bill number, the bill classification (Inpatient or Outpatient), and the screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of every screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the data groups found on that screen and provides the name and number of each available screen in the option. For more detailed documentation on editing a bill, please see the Enter/Edit Billing Information option documentation.

For a detailed explanation of all screens, please see the Supplement at the end of this section.

The CAN INITIATOR AUTHORIZE? site parameter and the IB AUTHORIZE security key affect the prompts that appear at the end of this option.

CAN INITIATOR AUTHORIZE?

If set to YES, the user who initiated the bill can authorize generation of billing form (if required security key held). If this parameter is set to NO, the initiator of the bill will not be allowed to authorize its generation.

IB AUTHORIZE

Allows the holder to authorize generation of bills. The user must hold this key to access this option.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that may be produced from this option. The data elements, and design of these forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. The billing forms must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

5.27.3. Enter / Edit Billing Information

The IB EDIT security key is required to access this option.

The Enter / Edit Billing Information option is used to enter the information required to generate a third-party bill and to edit existing billing information. A new bill may be entered, or an existing bill can be edited. Only existing bills that have not been authorized or cancelled may be edited. Once a bill has been filed (billing record number established), it cannot be deleted. The bill may be cancelled through the Cancel Bill option.

If the selected patient's eligibility has not been verified and the ASK HINQ IN MCCR parameter is set to YES, the user will have the opportunity to enter a HINQ (Hospital Inquiry) request into the HINQ Suspense File. This request will be transmitted to the Veterans Benefits Administration to obtain the patient's eligibility information. If Means Test data such as category, Means Test last applied, and date Means Test completed is available, it will be displayed after the patient's name or bill number has been entered.

When entering a new bill, the system will prompt for EVENT DATE. When billing for multiple outpatient visits, the date of the initial visit is used. For an inpatient bill, the date of the admission is used. If an interim bill is being issued, the EVENT DATE should be the date of admission for that episode of care.

The Medical Care Cost Recovery data is arranged so that it may be viewed and edited through various screens. The data is grouped into sections for editing. Each section is labeled with a number to the left of the data items. Data group numbers enclosed by brackets ([ ]) may be edited while those enclosed by arrows (<>) may not. The patient's name, social security number, bill number, the bill classification (Inpatient or Outpatient) and the screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of every screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the data groups found on that screen and provides the name and number of each available screen in the option.

5.27.4. Cancel Bill

The IB AUTHORIZE security key is required to access this option.

The Cancel Bill option allows the user to cancel a bill at any point in the billing process. Once the bill is cancelled, there is no way to view the data contained in that bill.

If the user selects a bill that has been previously cancelled, certain prompts will appear with defaults.

A mail group may be specified (through the site parameters) so that every time a bill is cancelled, all members of this group are notified through electronic mail. If this group is not specified, only the billing supervisor and the user who cancelled the bill will be recipients of the message. An example of this message may be found in the Example Section of this option.

When a bill is cancelled, it is removed as a Prior Bill Number from previous bills in the Primary / Secondary / Tertiary Series.

Sample Mail Message

```
Subj: MAS UB-92 BILL CANCELLATION BULLETIN  [#120774] 22 Mar 95 13:22  11 Lines
From: EMPLOYEE (ALBANY ISC)  in 'IN' basket. Page 1
--------------------------------------------------------------------------
The following UB-92 bill has been cancelled:
Bill Number: XXXXXX
Patient Name: IBpatient,one              PT ID: XXX-XXX-XXXX
Event Date: MAR 12,1995@08:00
Reason for cancellation: Patient is service connected.
Status when cancelled: CANCELLED  -  Not passed to AR
Select MESSAGE Action: IGNORE (in IN basket)//
```

5.27.5. Copy and Cancel

The IB AUTHORIZE security key is required to access this option.

The CAN INITIATOR AUTHORIZE? site parameter affects this option.

This option is used to cancel a bill, copy all the information into a new bill, and edit the new bill where necessary. The status of the new bill is ENTERED / NOT REVIEWED. This process prevents having to use the Enter/Edit Billing Information option to create a new bill that would require re-entry of ALL data. Bills returned from Accounts Receivable with minor inconsistencies can quickly and easily be corrected through this option.

The Medical Care Cost Recovery data is arranged so that it may be viewed and edited through various screens. The data is grouped into sections for editing. Each section is labeled with a number to the left of the data items. Data group numbers enclosed by brackets ([ ]) may be edited while those enclosed by arrows (<>) may not. The patient's name, social security number, bill number, the bill classification (Inpatient or Outpatient), and the screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of every screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the data groups found on that screen and provides the name and number of each available screen in the option.

A mail group may be specified (through the site parameters) so that every time a bill is disapproved during the authorization phase of the billing process, or suspended during the generation phase, all members of this group are notified via electronic mail. If this group is not specified, only the billing supervisor, the initiator of the billing record, and the user who disapproved or generated the bill will be recipients of the message. Examples of messages may be found in the Enter / Edit Billing Information documentation. An explanation of how the bill mailing address field is determined is provided in the Supplement at the end of this option documentation.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that may be produced from this option. The data elements, and design of both forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. Both must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

Please see the Supplement found at the end of this section for descriptions of the parameter and security key as well as a description of most fields included on the billing screens.

5.27.6. Delete Auto Biller Results

This option is used to delete entries from the Automated Biller Errors / Comments report prior to a user-selected date for any entry not associated with a bill.

The auto biller checks a variety of data elements concerning an event before a bill is created. The auto biller will only create reimbursable insurance bills, so the patient must be a veteran with active insurance. The disposition prior to the event date is checked and if the need for care was related to an accident or the veteran's occupation, the auto biller will not create a bill. Since dental is usually billed separately, any event with a dental clinic stop will also be excluded. The auto biller also checks to ensure that the event has not already been billed.

Entries are removed from the Automated Biller Errors / Comments report in two ways. If a bill was created for the event, the bill's entry is removed from the report when the bill is either printed or cancelled. If a bill was not created, this option must be used to delete the entry.

The user will be prompted for a date. The default value provided is three days before the current date.

5.27.7. Print Bill

The Print Bill option is used to print third party bills on the appropriate form (UB-82/92 or HCFA-1500) after all required information has been input and the billing record has been authorized. The user may also reprint a previously printed bill.

A final review of the information in the billing record may be performed through this option. The data is arranged so that it may be viewed through various screens. The patient's name, social security number, bill number, the bill classification (Inpatient or Outpatient), and the screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of each screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the name and number of each available screen for the working bill and the data groups for that screen.

No editing of the data is allowed in this option. Data can be edited through the Enter / Edit Billing Information option, if necessary.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that may be produced from this option. The data elements, and design of these forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. The billing forms must be generated (printed) at 80 characters per line at 10 pitch.

5.27.8. Patient Billing Inquiry

The Patient Billing Inquiry option allows the user to display/print information on any reimbursable insurance bill, pharmacy copay, or Means Test bill. The information provided differs depending on the bill type.

For reimbursable insurance bills, the information provided includes bill status, rate type, reason cancelled (if applicable), admission date (for inpatients), all outpatient visits (for outpatients), charges, amount paid, statement to and from dates, each action that was taken on that bill, and the user who performed it. If the user opts to view the full inquiry, address information from the PATIENT file and the bill is also provided.

The information provided in a brief inquiry for Pharmacy Copay charges includes date of charge, type of charge (syntax: patient eligibility - action type - status), brief description (syntax: prescription # - drug name - # of units), amount of charge or credit, and an explanation of any charge removed, if applicable. A full inquiry, in addition to the information provided in the brief inquiry, provides information from the PRESCRIPTION file, as well as address information on the patient.

The display / output for Means Test bills is very similar to the brief inquiry for Pharmacy Copay. It includes the date of charge, charge type, brief description, units, and amount of charge. A full inquiry also includes address information on the patient.

Sample Outputs

```
Full inquiry for a reimbursable insurance bill.
IBpatient,one      XXX-XXX-XXXX     XXX-XXXXXX    FEB 19, 1992@14:17   PAGE:1
===========================================================================
Bill Status     : PRINTED - RECORD IS UNEDITABLE
Rate Type       : REIMBURSABLE INSURANCE
Op Visit dates  : APR 14,1992
Charges         : $148.00
LESS Offset     :  $30.00
Bill Total      : $118.00
Statement From  : APR 14,1992
Statement To    : APR 14,1992
Entered         : APR 15, 1992 by ED
First Reviewed  : APR 16, 1992 by SUE
Last Reviewed   : APR 16, 1992 by SUE
Authorized      : APR 16, 1992 by SUE
Last Printed    : APR 16, 1992 by GARY
IBpatient,one      XXX-XXX-XXXX     XXX-XXXXXX    FEB 19, 1992@14:17   PAGE: 2
===========================================================================
*** ADDRESS INFORMATION ***
Patient Address: 117 TEST DRIVE
                 ANYTOWN, NEW YORK
                 XXX-XXX-XXXX
Mailing Address: ABC
```

```
                        1262 TEST AVENUE
                        ANYTOWN, CALIFORNIA   12345
Ins Co. Address: ABC
                        1262 TEST AVENUE
                        ANYTOWN, CALIFORNIA   12345
                        XXX-XXX-XXXX
Full inquiry for a Means Test bill.
IBpatient,one      XXX-XXX-XXXX         XXX-XXXXXX   FEB 24, 1992@09:09   PAGE: 1
================================================================================
FEB 14, 1992   INPT COPAY (MED) NEW   INPT CO-PAY (MED)        1       $200.00
FEB 20, 1992   INPT COPAY (MED) CAN   INPT CO-PAY (MED)        1      ($200.00)
    Charge Removal Reason: MT CHARGE EDITED
                                                              ------------
                                                                 $0.00
IBpatient,one      XXX-XXX-XXXX         XXX-XXXXXX   FEB 24, 1992@09:09   PAGE: 2
================================================================================
                        *** ADDRESS INFORMATION ***
Patient Address: 28 TEST RD
                 ANYTOWN, MASSACHUSETTS
                 XXX-XXX-XXXX
Brief inquiry for a Pharmacy Copay bill.
IBpatient,one    XXX-XXX-XXXX            XXX-XXXXXX   FEB 24, 1992@09:18   PAGE:1
DATE             CHARGE TYPE           BRIEF DESCRIPTION      UNITS       CHARGE
================================================================================
MAR 15, 1991   SC RX COPAY NEW       RX#XXXXXX-REF 5-ENDU       3        $6.00
MAR 15, 1991   SC RX COPAY NEW       RX#XXXXXX 9999-CLONI       4        $8.00
                                                              ----------
                                                                $14.00
```

5.27.9. Print Auto Biller Results

This option is used to print the Automated Biller Errors / Comments report. The results of the execution of the auto biller are listed on this report. For Claims Tracking events for which the auto biller attempted to create a bill, this report will list either the reason a bill was not created or the bill number and any comments on the bill.

The auto biller checks a variety of data elements concerning an event before a bill is created. The auto biller will only create reimbursable insurance bills, so the patient must be a veteran with active insurance. The disposition prior to the event date is checked and if the need for care was related to an accident or the veteran's occupation, the auto biller will not create a bill. Since dental is usually billed separately, any event with a dental clinic stop will also be excluded. The auto biller also checks to ensure that the event has not already been billed.

Entries are removed from the Automated Biller Errors / Comments report in two ways. If a bill was created for the event, the bill's entry is removed from the report when the bill is either printed or cancelled. If a bill was not created, the Delete Auto Biller Results option must be used to delete the entry.

The bills will be grouped on the output by the date entered. The following information may appear on the report: patient name, event type, episode date, bill number, bill status, timeframe of bill, and statement covers from and to dates. Comments relating to individual bills may also be provided.

The user will be prompted for a date range, a patient range, and a device.

Sample Output

```
AUTOMATED BILLER ERRORS/COMMENTS FOR Nov 1, 1993 - Nov 10, 1993                    DEC 10,1993  13:19    PAGE 1
                          EVENT              BILL              TIMEFRAME OF      STATEMENT    STATEMENT
PATIENT                   TYPE  EPISODE DATE NUMBER  STATUS    BILL             COVERS FROM  COVERS TO
-----------------------------------------------------------------------------------------------------------
       DATE ENTERED: NOV  1,1993
IBpatient, one      XXXXX  INPA   SEP  1,1993  17:07   XXXXXX   ENTERED   INTERIM - FIRST   SEP  1,1993   SEP 30,1993
IBpatient, two      XXXXX  INPA   SEP  1,1993  01:00   XXXXXX   ENTERED   INTERIM - FIRST   SEP  1,1993   SEP 30,1993
IBpatient, three    XXXXX  INPA   SEP 14,1993  11:42   XXXXXX   ENTERED   ADMIT THRU DISC   SEP 14,1993   SEP 14,1993
                                  No billable Days.
       DATE ENTERED: NOV  3,1993
IBpatient,one       XXXXX  INPA   SEP  1,1993  17:07   XXXXXX   ENTERED   INTERIM - CONTI   OCT  1,1993   OCT 31,1993
IBpatient,one       XXXXX  INPA   SEP  1,1993  01:00   XXXXXX   ENTERED   INTERIM - CONTI   OCT  1,1993   OCT 31,1993
       DATE ENTERED: NOV  8,1993
IBpatient,one       XXXXX  INPA   SEP 15,1993  12:30   XXXXXX   ENTERED   INTERIM - CONTI   OCT  1,1993   OCT 31,1993
```

5.27.10. Print Authorized Bills

The Print Authorized Bills option will print all bills with a status of AUTHORIZED in a user-specified order. The bills may be sorted by zip code, insurance company name, and patient name.

The user may enter <??> at the "Begin printing bills?" prompt to see a list of all the bills that will print when this option is utilized. The list will show bill number, patient name, event date, inpatient or outpatient bill, bill type, bill status (AUTHORIZED), and bill form type. If this list is quite lengthy, queue the output to print during off hours.

The user is not prompted for a device in this option. Each bill form type will print on the billing default printer specified through the Select Default Device for Forms option on the System Manager's Integrated Billing Menu. Any form type not set up there, will not print when utilizing this option.

5.28. Return Bill Menu

5.28.1. Edit Returned Bill

The IB EDIT security key is required to access this option.

The Edit Returned Bill option is used to correct bills with a status of RETURNED FROM AR (NEW) that have been returned to MAS from Accounts Receivable. Generate the returned bill report through the Returned Bill List option before utilizing this option. That report contains a listing of all bills that have been returned to MAS providing the reason returned for each. This information is required to make the appropriate corrections to each bill. The bill number appears on that report preceded by the station number. The station number should not be entered when selecting the bill for editing.

After editing, return the bill to Accounts Receivable and print the bill if the required security key is held. It should be noted that returned bills with a status of RETURNED FOR AMENDMENT cannot be edited through this option, and must be corrected through the Copy and Cancel option.

Supplemental information such as sample billing screens is provided in the Supplement at the end of this section.

> **NOTE:** *It is possible to edit a returned bill if it is not an "electronically transmittable" bill. For returned electronically transmittable bills/claims, the IB COPY AND CANCEL option will need to be used.*

5.28.2. Returned Bill List

The Returned Bill List option prints a listing of all bills that have been returned to MAS from Accounts Receivable. When the user logs onto the Billing System, the following message appears:

"You have {#} bill(s) returned from Fiscal (New Bill)."

When this occurs, the user needs to generate the output produced by this option to obtain a listing of the returned bills.

The following data items may be provided for each bill on the list: bill number, payer, previous and current status of bill, original bill amount, service which approved bill and when, returned by, reason returned, and date returned. The bill number appears on this report preceded by the station number. The station number should not be entered when selecting the bill for editing.

The user will need this report when using the Edit Returned Bill option to determine why the bill was returned and what needs to be corrected. Once bills have been corrected and sent back to Accounts Receivable, these no longer appear on the Returned Bill List.

Sample Output

```
<< BILL RETURNED FROM AR >>
======================================================================
BILL NO.: XXX-XXXXXX                  PAYER: ABC
PREV. STATUS: NEW BILL                 CURR. STATUS: RETURNED FROM AR (NEW)
ORIGINAL AMOUNT: $70                   SERVICE: MEDICAL ADMINISTRATION
                            << SERVICE >>
APPROV. BY: JAMES                       DATE: JUL 2,1990
                            << FISCAL >>
RETN'D BY: ALAN                         DATE: JUL  5,1990
RETN'D REASON:
   RETURNED FOR CORRECT RATES
======================================================================
<< BILL RETURNED FROM AR >>
======================================================================
BILL NO.: XXX-XXXXXX                  PAYER: ABC
PREV. STATUS: NEW BILL                 CURR. STATUS: RETURNED FROM AR (NEW)
ORIGINAL AMOUNT: $673                  SERVICE: MEDICAL ADMINISTRATION
                            << SERVICE >>
APPROV. BY: JAMES                       DATE: JUL 2,1990
                            << FISCAL >>
RETN'D BY: ALAN                         DATE: JUL  5,1990
RETN'D REASON:
   RETURNED FOR CORRECT INS ADDRESS
```

5.28.3. Return Bill to A/R

The IB AUTHORIZE security key is required to access this option.

The Return Bill to A/R option is used to send bills that have been returned to MAS back to Accounts Receivable after correction. Editing is not allowed in this option. All editing is done through the Edit Returned Bill option; however, all billing screens associated with the bill may be displayed for viewing.

5.28.4. UB-82 Test Pattern Print

The UB-82 Test Pattern Print option is used to print a test pattern on the UB-82 billing form so that the form alignment in the printer may be checked. This will ensure that each data item prints in the correct block on the form.

The test pattern displays which data element should appear in the different blocks of the billing form. For example, in Block 3 - Patient Control Number, "BILL NUMBER" will be printed in that block when this option is utilized.

Sample Output

```
                   *** UB-82 TEST PATTERN ***
AGENT CASHIER
AGENT CASHIER STREET     F. L. 2                      BILL NUMBER    XXX
CITY STATE  ZIP
PHONE #                  BC/BS #      FED TAX #                    F. L.9
PATIENT NAME                    PATIENT ADDRESS
PT DOB  X X   ADM DT HR   X  X AH DH XX   FROM    TO                F. L.27
OC DATE    OC DATE   OC DATE      OC DATE    OC DATE
MAILING ADDRESS NAME
STREET ADDRESS 1                CC CC CC CC CC               F. L. 45
STREET ADDRESS 2
STREET ADDRESS 3
CITY  STATE  ZIP
000 DAYS MEDICAL CARE
REV CODE 1                 000.00 000 00   0000.00
REV CODE 2                 000.00 000 00    0000.00
REV CODE 3                 000.00 000 00    0000.00
SUBTOTAL                               00000.00
TOTAL                                  00000.00
PAYER 1                    X  X
PAYER 2                    X  X
PAYER 3                    X  X
INSURED NAME 1        X  XX POLICY # 1      GROUP NAME 1   GROUP # 1
INSURED NAME 2        X  XX POLICY # 2      GROUP NAME 2   GROUP # 2
INSURED NAME 3        X  XX POLICY # 3      GROUP NAME 3   GROUP # 3
X X EMPLOYER NAME                    CITY   STATE   ZIP
PRINCIPAL DIAGNOSIS                  CODE   CODE   CODE   CODE   CODE

X   PRINCIPAL PROCEDURE              CODE   DATE  CODE  DATE CODE  DATE
                 TX. AUTH. Dept. Veterans Affairs F. L. 93
Patient ID: XXXXXXXXX
Bill Type: XXXX XXXXXXX
UB-82 TEST PATTERN
**TEST PATTERN**                         UB-82 SIGNER NAME
                                         UB-82 SIGNER TITLE     DATE
```

5.28.5. UB-92 Test Pattern Print

The UB-92 Test Pattern Print option is used to print a test pattern on the UB-92 billing form so that the form alignment in the printer may be checked. This will ensure that each data item prints in the correct block on the form.

Sample Output

```
XXXXSR                      *** UB-92 TEST PATTERN ***
AGENT CASHIER
AGENT CASHIER STREET                      BN XXX          XXX
CITY  STATE  ZIP
```

```
PHONE #                      TAX# XXXX   5/1/93 5/4/93
PATIENT NAME                    PT SHORT ADDRESS
DOB      X  X DATE   HR  X  X DR ST 000-00-0XXX      CC CC CC CC CC CC CC
OC DATE   OC DATE   OC DATE   OC DATE   OC DATE
RESPONSIBLE PARTY'S NAME
STREET ADDRESS 1
STREET ADDRESS 2
STREET ADDRESS 3
CITY  STATE  ZIP
CD1  REV CODE description                        xx      xxxx.xx
CD2  REV CODE description                        xx      xxxx.xx
CD3  REV CODE description                        xx      xxxx.xx
     Subtotal                                            xxxx.xx
     Total                                               xxxx.xx
For your information, even though the patient may be otherwise eligible
for Medicare, no payment may be made under Medicare to any Federal provider
of medical care or services and may not be used as a reason for non-payment.
Please make your check payable to the Department of Veterans Affairs and
send to the address listed above.
The undersigned certifies that treatment rendered is not for a
service connected disability.
Name of Payer 1           Provider #    x   x
Name of Payer 2           Provider #    x   x
Name of Payer 3           Provider #    x   x
Insured's Name 1      x   Insurance #        Group Name    Group #
Insured's Name 2      x   Insurance #        Group Name    Group #
Insured's Name 3      x   Insurance #        Group Name    Group #
Treatment Auth. Cd x Employer Name          Employer Location
                   x Employer Name          Employer Location
                   x Employer Name          Employer Location
PDX    Dx Cd  Dx Cd  Dx Cd  Dx Cd  Dx Cd  Dx Cd  Dx Cd  Dx Cd   ADMT DX
   P-code  mmddyy P-code  mmddyy P-code  mmddyy     Attending Phys. ID#
   P-code  mmddyy P-code  mmddyy P-code  mmddyy     Other Phys. ID#
       Patient ID#: xxx-xx-xxxx
Bill Type: xxx xxxxxx
UB 92 TEST PATTERN                          Provider Representative DATE
*** comment ***
```

5.28.6. HCFA-1500 Test Pattern Print

This option allows the user to print a test pattern on the HCFA-1500 form for the form alignment in the printer to be checked. The test pattern displays which data element should appear in the different blocks of the billing form. This ensures that each data item prints in the correct block on the form.

Sample Output

```
INSURANCE CARRIER NAME
CARRIER ADDRESS LINE 1
CARRIER ADDRESS LINE 2
CARRIER ADDRESS LINE 3
CARRIER CITY, STATE ZIP
                                         SUBSCRIBER ID#
PATIENT NAME              MM DD YY        INSURED'S NAME
PATIENT ADDRESS STREET                   INSURED'S ADDRESS STREET
PATIENT ADDRESS CITY     ST              INSURED'S ADDRESS CITY   ST
PT ZIP CODE   999 999-9999               INS ZIP CODE   999 999-9999
OTHER INSURED'S NAME                     INSURED'S POLICY GROUP
OTHER POLICY NUMBER                        MM DD YY
 MM DD YY                             ST  INSURED'S EMPLOYER
OTHER'S EMPLOYER                         INSURANCE PLAN NAME
OTHER'S INSURANCE PLAN
```

```
 MM DD YY                        MM DD YY      MM DD YY     MM DD YY
REFERRING PHYSICIAN       PHYSICIAN ID         MM DD YY     MM DD YY
                                                     9999.99  9999.99
   X99.99                          X99.99
   X99.99                          X99.99
MM DD YY MM DD YY        CPT    MODIF    DIAG    9999.99            BC/BS#
MM DD YY MM DD YY        CPT    MODIF    DIAG    9999.99            BC/BS#
FEDERAL TAX ID          PAT ACCT#               9999.99  9999.99  9999.99
                        VAMC                   AGENT CASHIER  (999) 999-9999
                        STREET ADDRESS         STREET ADDRESS
                        CITY, STATE ZIP        CITY, STATE ZIP
```

5.28.7. Outpatient Visit Date Inquiry

The Outpatient Visit Date Inquiry option allows the user to display information on any outpatient insurance bill for a selected patient. The user will be prompted for a patient name and an outpatient visit date. Select any patient with billed outpatient visits. <??> may be entered at the second prompt for a list of billed visits for the selected patient.

The information provided includes bill status, rate type, reason cancelled (if applicable), outpatient visit date, charges, amount paid, statement from and to dates, each action that was taken on that bill, the date, and the user who performed it.

Sample Output

```
IBpatient,one      XXX-XX-XXXX     XXX-XXXXXX   MAR 19, 1992@14:17    PAGE: 1
=============================================================================
Bill Status    : CANCELLED - RECORD IS UNEDITABLE
Rate Type      : REIMBURSABLE INS.
Reason Canceled: WRITE OFF
Op Visit dates : JAN 25,1992
Charges        : $148.00
LESS Offset    :  $30.00
Bill Total     : $118.00
Statement From : JAN 25,1991
Statement To   : JAN 25,1991
Entered        : FEB 15, 1991 by EDWARD
First Reviewed : FEB 16, 1991 by SUE
Last Reviewed  : FEB 16, 1991 by SUE
Authorized     : FEB 16, 1991 by SUE
Last Printed   : FEB 16, 1991 by GARY
Cancelled      : MAR  6, 1992 by EMPLOYEE
```

6. Patient Insurance Menu

6.1. Patient Insurance Info View / Edit

The Patient Insurance Info View/Edit option is used to look at a patient's insurance information and edit that data, if necessary. The system groups information that is specific to the insurance company, specific to the patient, specific to the group plan, specific to the annual benefits available, and the annual benefits already used. This option also displays eIV Response data. Inactive policies will be listed if the patient has not been repointed from that inactive policy to an active policy.

About the Screens

In the top left corner of each screen is the screen title. On some screens, the following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any "Select Action" prompt displays all available actions for that screen.

The user can QUIT from any screen; this will bring the user back one level or screen. EXIT is also available on most screens. When EXIT is entered, the user is prompted "Exit option entirely?". A YES response returns the user to the menu. A NO response has the same result as the QUIT action. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

The following sections display screens under this option, with a brief action description. Once an action has been selected, <??> may be entered at most of the prompts that appear for lists of acceptable responses or instruction on how to respond.

6.2. Patient Insurance Management Screen

Once a patient is selected, this screen is displayed listing all the patient's insurance policies. Information provided for each policy may include type of policy, group name, holder, effective date, date of death, and expiration date.

Table 12: Common Actions

Acronym	Description	Action
AP	Add Policy	Allows the user to add an insurance policy for the selected patient.
VP	Policy Edit / View (accesses Patient Policy Information screen)	Allows the user to view and edit extensive insurance policy data.
DP	Delete Policy	Allows the user to delete an insurance policy for the selected patient. IB INSURANCE SUPERVISOR security key is required.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy. IB GROUP PLAN EDIT security key is required for editing.
EA	Fast Edit All	A quick way to enter portions of the patient insurance information. IB GROUP PLAN EDIT security key is required for editing.
BU	Benefits Used (accesses the Benefits Used by Date Editor screen)	Used to enter policy benefits already used.

Acronym	Description	Action
VC	Verify Coverage	Allows the user to enter the system verification that the insurance coverage exists, and the information is correct.
RI	Personal Riders	Displays current riders and allows addition of new riders.
CP	Change Patient	Allows the user to change to another patient without returning to the beginning of the option.
WP	Worksheet Print	Used to print the standard worksheet showing the data for the benefit year within the past 12 months. If no benefit year on file, will print the standard form without the data. Must be printed at 132 column margin width.
PC	Print Insurance Cov.	Similar to worksheet. Used when bulk of information is already in the computer. Will show two most recent benefit years. If no benefit years on file, will offer WP action (see above).

6.3. Patient Policy Information Screen

This screen is displayed listing expanded policy information for the selected company. Categories include utilization review data, subscriber data, subscriber's employer information, effective dates, plan coverage limitations, last contact, and comments on the patient policy or insurance group plan. The sections on user information and insurance company information are not editable.

Table 13: Common Actions

Acronym	Description	Action
PI	Change Plan Info	Allows entry / edit of group plan information. IB GROUP PLAN EDIT security is required to change plan information.
UI	UR Info	Allows entry / edit of utilization review information. IB GROUP PLAN EDIT security key is required for editing.
ED	Effective Dates -	Allows the user to edit the effective date and expiration date of the insurance policy.
SU	Subscriber Update	Allows the user to edit the subscriber (person who holds the insurance coverage) information.
IP	Inactive Plan	Allows the user to inactivate an insurance plan or move subscribers from multiple insurance plans into one master plan. IB GROUP PLAN EDIT security key is required.
GC	Group Plan Comments	Allows the user to view, add, edit, or delete comments regarding the group plan. IB GROUP PLAN EDIT security key is required to edit comments.
EM	Employer Info	Allows the user to edit the subscriber's employer information.

Acronym	Description	Action
PT	Pt Policy Comments	Allows the user to view, add, edit, or delete comments regarding the patient's policy.1 For more detailed information on Patient Policy Comments, refer to the eIV User Guide.
EA	Fast Edit All	A quick way to enter portions of the patient insurance information. IB GROUP PLAN EDIT security key is required for editing.
CP	Change Policy Plan	Allows the user to change the plan a veteran is subscribing.
VC	Verify Coverage	Allows the user to enter the system verification that the insurance coverage exists, and the information is correct.
AB	Annual Benefits (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy.
CV	Add/Edit Coverage	Allows the user to add, edit, or delete (unwanted) coverage limitations for a specific plan. IB GROUP PLAN EDIT security key is required for editing.
BU	Benefits Used (accesses the Benefits Used by Date Editor screen)	Used to enter policy benefits already used.
EB	Expand Benefits	Displays detailed information on patient benefits.

6.4. Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management.

Table 14: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out of pocket and ambulance coverage.
IP	Inpatient	Allows entry / edit of inpatient benefits data.
OP	Outpatient	Allows entry / edit of outpatient benefits data.

---

1 When the Patient Policy Information Screen is accessed by either the Third Party Joint Inquiry [IBJ Third Party Joint Inquiry] option or any of the Claims Tracking Editing options, the patient policy comments are in view only mode. User will not be able to edit, add, or deleted comments.

Acronym	Description	Action
MH	Mental Health	Allows entry / edit of mental health inpatient and outpatient benefits data.
HH	Home Health	Allows entry / edit of home health care benefits data.
HS	Hospice	Allows entry / edit of hospice benefits data.
RH	Rehab	Allows entry / edit of rehabilitation benefits data.
IV	IV Mgmt.	Allows entry / edit of intravenous management benefits data.
EA	Edit All	Lists editable fields line by line for quick data entry.
CY	Change Year	Allows the user to change to another benefit year.

6.4.1. Benefits Used by Date Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits used for the selected insurance policy and benefit year. Benefit categories may include inpatient and outpatient deductibles.

Table 15: Common Actions

Acronym	Description	Action
PI	Policy Info	Allows entry / edit of policy information such as deductible met and pre-existing conditions.
OD	Opt Deduct	Allows entry / edit of the outpatient deductible insurance information.
ID	Inpt Deduct	Allows entry / edit of the inpatient deductible insurance information.
AC	Add Comment	Allows the user to add a comment regarding claims filed.
EA	Edit All	A quick way to enter portions of the patient insurance information.
CY	Change Year	Allows the user to change to another benefit year.

Sample Screens

```
Select Patient Insurance Menu <TEST ACCOUNT> Option: PI  Patient Insurance Info
View/Edit
Select PATIENT NAME: IBSUB,AC,ACTIVE A  IBSUB,ACTIVE A      2-2-22    XXXXXXXXX NO
NSC VETERAN
 Enrollment Priority: GROUP 8c  Category: ENROLLED      End Date:
Patient Insurance Management  Jul 22, 2013@11:51:39    Page:   1 of    1
Insurance Management for Patient: IBSUB,ACTIVE A I8542         XX/XX/XXXX
*** Patient has Insurance Buffer Records
    Insurance Co.  Type of Policy  Group     Holder   Effect.    Expires
1   AETNA           COMPREHENSIVE M  GRP NUM 13 SPOUSE   01/01/13
----------Enter ?? for more actions------------------------------------->>>
```

```
AP  Add Policy            EA  Fast Edit All        CP  Change Patient
VP  Policy Edit/View      BU  Benefits Used        WP  Worksheet Print
DP  Delete Policy         VC  Verify Coverage      PC  Print Insurance Cov.
AB  Annual Benefits       RI  Personal Riders      EB  Expand Benefits
RX  RX COB Determination  EX  Exit
Select Item(s): Quit// VP   Policy Edit/View  ......................
```

Sample Screens

```
Patient Policy Information    Dec 12, 2013@08:13:21        Page:    1 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                    ** Plan Currently Active **
-------------------------------------------------------------------------------
  Insurance Company
    Company: IB INSURANCE
     Street: SOME ST
   Street 2:
 City/State: ANYTOWN, MD XXXXX
 Billing Ph: (XXX)XXX-XXXX
 Precert Ph: (XXX)XXX-XXXX
  Plan Information
    Is Group Plan: YES
      Group Name: GROUP NAME
    Group Number: XXXXXX
+--------Enter ?? for more actions----------------------------------------------
PI  Change Plan Info    IC  Insur. Contact Inf.  CP  Change Policy Plan
UI  UR Info             EM  Employer Info         VC  Verify Coverage
ED  Effective Dates     CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update   AC  Add Comment           BU  Benefits Used
IP  Inactivate Plan     EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN


Patient Policy Information    Dec 12, 2013@08:13:30        Page:    2 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                    ** Plan Currently Active **
+------------------------------------------------------------------------------
            BIN:
            PCN:
    Type of Plan: MEDICARE (M)
   Plan Category: MEDICARE PART A
 Electronic Type: MEDICARE A or B
  Plan Filing TF: 1 YEAR (1 YEAR(S))
     ePharmacy Plan ID:
   ePharmacy Plan Name:
  ePharmacy Natl Status:
 ePharmacy Local Status:
  Utilization Review Info              Effective Dates & Source
+--------Enter ?? for more actions----------------------------------------------
PI  Change Plan Info    GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info             EM  Employer Info         VC  Verify Coverage
ED  Effective Dates     CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update   PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan     EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN


Patient Policy Information    Dec 12, 2013@08:13:31        Page:    3 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                    ** Plan Currently Active **
+------------------------------------------------------------------------------
      Require UR: NO                   Effective Date: 01/01/13
  Require Amb Cert: NO                 Expiration Date:
```

```
      Require Pre-Cert: NO                        Source of Info: INTERVIEW
      Exclude Pre-Cond: NO              Policy Not Billable: NO
 Benefits Assignable: YES
  Subscriber Information
    Whose Insurance: VETERAN
    Subscriber Name: IB,PATIENT
       Relationship: SELF
         Primary ID: XXXXXX
  Coord. Benefits: PRIMARY
+--------Enter ?? for more actions------------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comment     BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:31      Page:   4 of   9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                    ** Plan Currently Active **
+--------------------------------------------------------------------------
  Subscriber's Employer Information
  Employment Status:                 Emp Sponsored Plan: No
           Employer:                 Claims to Employer: No, Send to Insurance
             Street:                    Retirement Date:
         City/State:
              Phone:
 Primary Provider:
  Prim Prov Phone:
  Subscriber's Information (use Subscriber Update Action)
+--------Enter ?? for more actions------------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comment     BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:32      Page:   5 of   9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                    ** Plan Currently Active **
+--------------------------------------------------------------------------
    Subscriber's DOB: XX/XX/XXXX
             Str 1: SOME ST
             Str 2:
              City: SOME CITY
             St/Zip: MA  XXXXX
             SubDiv:
            Country:
              Phone: XXXXXX
    Subscriber's Sex: MALE
 Subscriber's Branch: ARMY
   Subscriber's Rank:
+--------Enter ?? for more actions------------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```

```
Patient Policy Information    Dec 12, 2013@08:13:36      Page:   6 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                     ** Plan Currently Active **
+------------------------------------------------------------------------------
  Insurance Company ID Numbers (use Subscriber Update Action)
   Subscriber ID: XXXXXX
  Plan Coverage Limitations
   Coverage              Effective Date   Covered?       Limit Comments
   --------              --------------   --------       --------------
    INPATIENT            07/01/1998       NO
                         01/01/1998       NO
                         11/01/1996       NO
    OUTPATIENT           07/01/1998       NO
+--------Enter ?? for more actions---------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:37      Page:   7 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                     ** Plan Currently Active **
+------------------------------------------------------------------------------
                         01/01/1998       NO
                         11/01/1996       NO
    PHARMACY             08/29/2008       NO
                         07/01/1998       NO
                         01/01/1998       NO
                         11/01/1996       NO
    DENTAL               07/01/1998       NO
                         01/01/1998       NO
                         11/01/1996       NO
    MENTAL HEALTH        07/01/1998       NO
                         01/01/1998       NO
                         11/01/1996       NO
+--------Enter ?? for more actions---------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Patient Policy Information    Dec 12, 2013@08:13:38      Page:   8 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                     ** Plan Currently Active **
+------------------------------------------------------------------------------
    LONG TERM CARE       07/01/1998       NO
                         01/01/1998       NO
    PROSTHETICS          07/01/1998       NO
                         01/01/1998       NO
    VISION               07/01/1998       NO
  User Information
      Entered By:
      Entered On: 06/05/13
 Last Verified By:
 Last Verified On:
  Last Updated By: IB,TESTER
  Last Updated On: 09/24/13
```

```
+---------Enter ?? for more actions-------------------------------------------
PI  Change Plan Info       IC  Insur. Contact Inf.  CP  Change Policy Plan
UI  UR Info                EM  Employer Info         VC  Verify Coverage
ED  Effective Dates        CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update      AC  Add Comment           BU  Benefits Used
IP  Inactivate Plan        EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN



Patient Policy Information   Dec 12, 2013@08:13:39       Page:   9 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX   DoD: XX/XX/XXXX
IB INSURANCE                                    ** Plan Currently Active **
+---------------------------------------------------------------------------
   Comment -- Group Plan
   This is a long group comment. This area can hold much more than 80
   Characters in the field.
   Comment -- Patient Policy
   Dt Entered  Entered By                  Method      Person Contacted
   09/25/15    IBCLERK,TWO                 PHONE       USER-A
   JUST A COMMENT AND NOTHING ELSE

  +09/25/15    IBCLERK,TWO                 PHONE       USER-A
   THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO TEST THE WRAP INDICATO
   Personal Riders
     Rider #1: DENTAL COVERAGE
---------Enter ?? for more actions-------------------------------------------
PI  Change Plan Info       GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info                EM  Employer Info         VC  Verify Coverage
ED  Effective Dates        CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update      PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan        EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Quit//
```

6.5.   View Patient Insurance

The View Patient Insurance option is used to look at a patient's insurance information. The system groups information that is specific to the insurance company, specific to the patient, specific to the group plan, specific to the annual benefits available, and the annual benefits already used. Editing of the data is not allowed through this option.

About the Screens

In the top left corner of each screen is the screen title. On some screens, the following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any "Select Action" prompt displays all available actions for that screen.

The user can QUIT from any screen; this will bring the user back one level or screen. EXIT is also available on most screens. When EXIT is entered, the user is prompted to "Exit option entirely?". A YES response returns the user to the menu. A NO response has the same result as the QUIT action. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

The following sections display screens found under this option, with a brief action description allow.

6.6. Patient Insurance Management Screen

Once a patient is selected, this screen is displayed listing all the patient's insurance policies. Information provided for each policy may include type of policy, group name or individual, holder, effective date, date of death, and expiration date.

Table 16: Common Actions

Acronym	Description	Action
VP	View Policy Info (accesses Patient Policy Information screen)	Allows the user to view extensive insurance policy data.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to view annual benefits data for the selected policy.
BU	Benefits Used - (accesses Benefits Used By Date Editor screen)	Used to view policy benefits already used.
CP	Change Patient	Allows the user to change to another patient without returning to the beginning of the option.

6.7. Patient Policy Information Screen

This screen is displayed listing expanded policy information for the selected company. Categories include utilization review data, subscriber data, subscriber's employer information, policy information, effective dates, plan coverage limitations, last contact, comments on the patient policy or insurance group plan, and personal riders. The only action allowed from this screen is EXIT.

6.8. Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management. The only actions allowed from this screen are CY to change the benefit year and EXIT.

6.9. Benefits Used By Date Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits used for the selected insurance policy and benefit year. Benefit categories may include inpatient and outpatient deductibles. The only actions allowed from this screen are CY to change the benefit year and EXIT.

Sample Screens

```
Select PATIENT NAME: IBpatient,one          XX-XX-XX      XXXXXXXX      YES C VETERAN
Patient Insurance Management  Nov 22, 1993 13:51:09         Page: 1 of   1
Insurance Management for Patient: IBpatient,one    XXXX           XX/XX/XXXX

    Insurance Co.  Type of Policy   Group       Holder   Effect.  Expires
1   RIGHA                           1546        UNKNOWN
2   XYZ INS        MAJOR MEDICAL    123         SELF     04/01/93
```

```
         Enter ?? for more actions                                    >>>
VP  Policy Edit/View      BU  Benefits Used         EX  Exit
AB  Annual Benefits       CP  Change Patient
Select Item(s): Quit// VP=2   View Policy Info
```

Sample Output

```
Patient Insurance Management  Jul 22, 2013@11:51:39     Page:   1 of   1
Insurance Management for Patient: IBSUB,ACTIVE A I8542        XX/XX/XXXX
*** Patient has Insurance Buffer Records
    Insurance Co.   Type of Policy   Group      Holder   Effect.   Expires
1   AETNA           COMPREHENSIVE M  GRP NUM 13 SPOUSE   01/01/13
---------Enter ?? for more actions------------------------------------------>>>
AP  Add Policy           EA  Fast Edit All       CP  Change Patient
VP  Policy Edit/View     BU  Benefits Used       WP  Worksheet Print
DP  Delete Policy        VC  Verify Coverage     PC  Print Insurance Cov.
AB  Annual Benefits      RI  Personal Riders     EB  Expand Benefits
RX  RX COB Determination EX  Exit
Select Item(s): Quit// VP   Policy Edit/View
```

Sample Output

```
Patient Policy Information   Dec 12, 2013@08:13:21      Page:   1 of    9
For: IBSUB,TWOTRLRS   XXX-XX-XXXX                         DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
-----------------------------------------------------------------------------
  Insurance Company
    Company: MEDICARE (WNR)
     Street: PO BOX 10066
   Street 2: HEALTH CARE FINANCING
 City/State: ANYTOWN, MD 21207
 Billing Ph: (XXX)XXX-XXXX
 Precert Ph: (XXX)XXX-XXXXX
  Plan Information
    Is Group Plan: YES
      Group Name: MEDICARE PART A
    Group Number: XXXXXX00010
+--------Enter ?? for more actions-------------------------------------------
PI  Change Plan Info     GC  Group Plan Comments  CP  Change Policy Plan
UI  UR Info              EM  Employer Info        VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage    AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments   BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All        EB  Expand Benefits
EX  Exit
Select Action: Next Screen//   NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:30      Page:   2 of    9
For: IBSUB,TWOTRLRS   XXX-XX-XXXX                         DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+----------------------------------------------------------------------------
            BIN:
            PCN:
    Type of Plan: MEDICARE (M)
   Plan Category: MEDICARE PART A
 Electronic Type: MEDICARE A or B
  Plan Filing TF: 1 YEAR (1 YEAR(S))
     ePharmacy Plan ID:
     ePharmacy Plan Name:
  ePharmacy Natl Status:
  ePharmacy Local Status:
  Utilization Review Info              Effective Dates & Source
+--------Enter ?? for more actions-------------------------------------------
```

```
PI  Change Plan Info       GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info                EM  Employer Info         VC  Verify Coverage
ED  Effective Dates        CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update      PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan        EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:31     Page:   3 of   9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                         DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company            ** Plan Currently Active **
+------------------------------------------------------------------------------
          Require UR: NO                  Effective Date: 01/01/13
    Require Amb Cert: NO                  Expiration Date:
    Require Pre-Cert: NO                  Source of Info: INTERVIEW
    Exclude Pre-Cond: NO          Policy Not Billable: NO
 Benefits Assignable: YES
  Subscriber Information
   Whose Insurance: VETERAN
   Subscriber Name: IBSUB,TWOTRLRS
      Relationship: SELF
        Primary ID: XXXXXXXXXX
   Coord. Benefits: PRIMARY
+---------Enter ?? for more actions--------------------------------------------
PI  Change Plan Info       GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info                EM  Employer Info         VC  Verify Coverage
ED  Effective Dates        CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update      PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan        EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:31     Page:   4 of   9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX       XX/XX/XXXX
MEDICARE (WNR) Insurance Company            ** Plan Currently Active **
+------------------------------------------------------------------------------
  Subscriber's Employer Information
  Employment Status:                    Emp Sponsored Plan: No
           Employer:                    Claims to Employer: No, Send to Insurance
             Street:                       Retirement Date:
          City/State:
              Phone:
 Primary Provider:
  Prim Prov Phone:
  Insured Subscriber's Information (use Subscriber Update Action)
+---------Enter ?? for more actions--------------------------------------------
PI  Change Plan Info       GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info                EM  Employer Info         VC  Verify Coverage
ED  Effective Dates        CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update      PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan        EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:32     Page:   5 of   9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                         DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company            ** Plan Currently Active **
+------------------------------------------------------------------------------
    Subscriber's DOB: XX/XX/XX
             Str 1: PALMER HOUSE HEALTH CARE
             Str 2: SHEARER ST
              City: ANYTOWN
             St/Zip: MA  01069
```

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```
            SubDiv:
           Country:
             Phone: XXXXXXXXXX
     Subscriber's Sex: MALE
  Subscriber's Branch: ARMY
     Subscriber's Rank:
+---------Enter ?? for more actions------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//   NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:36      Page:   6 of   9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                        DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company            ** Plan Currently Active **
+----------------------------------------------------------------------------
  Insurance Company ID Numbers (use Subscriber Update Action)
    Subscriber ID: XXXXXXXXXX
  Plan Coverage Limitations
    Coverage              Effective Date   Covered?       Limit Comments
    --------              --------------   --------       --------------
    INPATIENT             07/01/1998       NO
                          01/01/1998       NO
                          11/01/1996       NO
    OUTPATIENT            07/01/1998       NO
+---------Enter ?? for more actions------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//   NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:37      Page:   7 of   9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                        DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company            ** Plan Currently Active **
+----------------------------------------------------------------------------
                          01/01/1998       NO
                          11/01/1996       NO
    PHARMACY              08/29/2008       NO
                          07/01/1998       NO
                          01/01/1998       NO
                          11/01/1996       NO
    DENTAL                07/01/1998       NO
                          01/01/1998       NO
                          11/01/1996       NO
    MENTAL HEALTH         07/01/1998       NO
                          01/01/1998       NO
                          11/01/1996       NO
+---------Enter ?? for more actions------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//   NEXT SCREEN
Patient Policy Information   Dec 12, 2013@08:13:38      Page:   8 of   9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX        XX/XX/XXXX
```

```
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+-----------------------------------------------------------------------
   LONG TERM CARE        07/01/1998        NO
                         01/01/1998        NO
   PROSTHETICS           07/01/1998        NO
                         01/01/1998        NO
   VISION                07/01/1998        NO
  User Information
       Entered By: IB,TESTER
       Entered On: 06/05/13
 Last Verified By:
 Last Verified On:
  Last Updated By: IB,TESTER
  Last Updated On: 09/24/13
+--------Enter ?? for more actions------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN


Patient Policy Information   Dec 12, 2013@08:13:39      Page:   9 of   9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                        DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+-----------------------------------------------------------------------
   Comment -- Group Plan
   This is a long group comment. This area can hold much more than 80
   Characters in the field.
   Comment -- Patient Policy
Dt Entered  Entered By               Method     Person Contacted
   09/25/15    IBCLERK,TWO              PHONE      USER-A
   JUST A COMMENT AND NOTHING ELSE


   +09/25/15    IBCLERK,TWO              PHONE      USER-A
   THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO TEST THE WRAP INDICATO


   Personal Riders
     Rider #1: DENTAL COVERAGE
---------Enter ?? for more actions------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Quit//
```

6.10. Insurance Company Entry / Edit

The Insurance Company Entry/Edit option is used to enter new insurance companies into the INSURANCE COMPANY file and edit data on existing companies. An insurance company must be in the INSURANCE COMPANY file before it can be entered into a patient's record.

When entering new insurance companies, the user will be prompted for the company street address, city, and whether the company will reimburse for treatment.

Following is a listing of the actions found on the screen in this option and a brief description of each. Once an action has been selected, <??> may be entered at most of the prompts that appear for lists of acceptable responses or instruction on how to respond.

6.11. Insurance Company Editor Screen

Once the insurance company is selected, this screen is displayed listing the following groups of information for that company: billing parameters, main mailing address, inpatient claims office data, outpatient claims office data, prescription claims office data, appeals office data, inquiry office data, remarks, and synonyms.

Table 17: Common Actions

Acronym	Description	Action
BP	Billing Parameters	Allows the user to add / edit the billing parameters for the selected MM Main Mailing Address - Allows the user to add/edit the company's main mailing address. The address entered here will automatically be entered for the other office addresses.
IC	Inpt Claims Office	Allows the user to add / edit the company's inpatient claims office name, address, phone, and fax numbers.
OC	Opt Claims Office	Allows the user to add / edit the company's outpatient claims office name, address, phone, and fax numbers.
PC	Prescr Claims Of -	Allows the user to add / edit the company's prescription claims office name, address, phone, and fax numbers.
AO	Appeals Office	Allows the user to add / edit the company's appeals office name, address, phone, and fax numbers.
IO	Inquiry Office -	Allows the user to add / edit the company's inquiry office name, address, phone, and fax numbers.
RE	Remarks -	Allows the user to enter comments concerning the selected insurance company.
SY	Synonyms -	Allows the user to add / edit any synonyms for the selected company.
EA	Edit All	Lists editable fields line by line for quick data entry.
AI	(In)Activate Company	Allows the user to activate / inactivate the selected insurance company. This may be used to inactivate duplicate companies in the system. When an insurance company is no longer valid, it is important to inactivate the company rather than delete it from the system. The IB INSURANCE SUPERVISOR security key is required. Once a company has been inactivated, it may not be selected when entering billing information. The user may also obtain a report of patients insured by a given company through this action.
CC	Change Insurance Co.	Allows the user to change to another company without returning to the beginning of the option.

Acronym	Description	Action
DC	Delete Company	Allows the user to delete an entry from the Insurance Company (#36) file. If claims have been submitted to the company, another company must be selected in which to point all claims and receivables information.
PL	Plans (accesses Insurance Plan List screen)	Allows the user to display and change plan attributes associated with the insurance company.

6.12. Insurance Plan List Screen

This screen lists all plans (active and inactive, group and individual) for the selected insurance company.

Table 18: Common Actions

Acronym	Description	Action
VP	View/Edit Plan (accesses View/Edit Plan screen)	Allows the user to display /change plan detailed information.
IP	Inactive Plan	Allows the user to inactivate an insurance plan or move subscribers from multiple insurance plans into one master plan. IB GROUP PLAN EDIT security key is required.
AB	Annual Benefits (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy. IB GROUP PLAN EDIT security key is required for editing.
NP	New Plan	Used to add a new group plan without assigning a subscriber. IB GROUP PLAN EDIT security key is required.

6.13. Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management.

Table 19: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out of pocket and ambulance coverage.
IP	Inpatient	Allows entry / edit of inpatient benefits data.
OP	Outpatient	Allows entry / edit of outpatient benefits data.
MH	Mental Health	Allows entry / edit of mental health inpatient and outpatient benefits data.

Acronym	Description	Action
HH	Home Health	Allows entry / edit of home health care benefits data.
HS	Hospice	Allows entry / edit of hospice benefits data.
RH	Rehab	Allows entry / edit of rehabilitation benefits data.
IV	IV Mgmt.	Allows entry / edit of intravenous management benefits data.
EA	Edit All	Lists editable fields line by line for quick data entry.
CY	Change Year	Allows the user to change to another benefit year.

6.14. View / Edit Plan Screen

This screen displays plan information for viewing / editing including utilization review info, plan coverage limitations, annual benefit dates, user information, and plan comments.

Table 20: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out of pocket and ambulance coverage. IB GROUP PLAN EDIT security key for editing.
UI	UR Info	Allows entry / edit of utilization review information. IB GROUP PLAN EDIT security key is required for editing.
CV	Add/Edit Coverage	Allows the user to add, edit, or delete (unwanted) coverage limitations for a specific plan. IB GROUP PLAN EDIT security key is required for editing.
PC	Plan Comments	Allows editing of comments for the plan. IB GROUP PLAN EDIT security key is required for editing.
IP	(In)Activate Plan	Allows the user to inactivate an insurance plan or move subscribers from multiple insurance plans into one master plan. IB GROUP PLAN EDIT security key is required.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy. IB GROUP PLAN EDIT security key is required for editing.
CP	Change Plan	Allows the user to select another plan for this insurance company without having to exit back to the previous screen. Although this option is not locked, the MCCR System Definition Menu is locked with the IB SUPERVISOR security key.

Sample Screens

```
Insurance Company Editor      Nov 26, 2014@12:19:25        Page:   1 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                   Currently Active
------------------------------------------------------------------------------
                        Billing Parameters
  Signature Required?: YES                   Type Of Coverage: HEALTH INSURAN
          Reimburse?: WILL NOT REIMBURSE        Billing Phone:
    Mult. Bedsections: YES                   Verification Phone:
      One Opt. Visit: NO                     Precert Comp. Name:
    Diff. Rev. Codes:                            Precert Phone:
  Amb. Sur. Rev. Code:
  Rx Refill Rev. Code:
    Filing Time Frame:  (1 YEAR(S))


                        EDI Parameters
          Transmit?: YES-LIVE               Insurance Type: GROUP POLICY
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param   IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office   ID  Prov IDs/ID Param   CC  Change Insurance Co.
OC  Opt Claims Office    PA  Payer               DC  Delete Company
PC  Prescr Claims Of     RE  Remarks             VP  View Plans
AO  Appeals Office       SY  Synonyms            EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:24:58        Page:   2 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                   Currently Active
+-----------------------------------------------------------------------------
  Inst Payer Primary ID:              Prof Payer Primary ID:
 Inst Payer Sec ID Qual:             Prof Payer Sec ID Qual:
     Inst Payer Sec ID:                  Prof Payer Sec ID:
 Inst Payer Sec ID Qual:             Prof Payer Sec ID Qual:
     Inst Payer Sec ID:                  Prof Payer Sec ID:
           Bin Number:          Prnt Sec/Tert Auto Claims:
            HPID/OEID:          Prnt Med Sec Claims w/o MRA: YES

                     Main Mailing Address
      Street: PO BOX                     City/State:
    Street 2:                                 Phone:
    Street 3:                                   Fax:
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param   IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office   ID  Prov IDs/ID Param   CC  Change Insurance Co.
OC  Opt Claims Office    PA  Payer               DC  Delete Company
PC  Prescr Claims Of     RE  Remarks             VP  View Plans
AO  Appeals Office       SY  Synonyms            EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:26:11        Page:   3 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                   Currently Active
+-----------------------------------------------------------------------------


                Inpatient Claims Office Information
  Company Name: INSURANCE COMPANY                Street 3:
       Street:                               City/State:
     Street 2:                                   Phone:
                                                   Fax:
```

```
                      Outpatient Claims Office Information
   Company Name: INSURANCE COMPANY                 Street 3:
        Street:                              City/State:
+--------Enter ?? for more actions-------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address  AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                DC  Delete Company
PC  Prescr Claims Of      RE  Remarks              VP  View Plans
AO  Appeals Office        SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor       Nov 26, 2014@12:26:53        Page:   4 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
+------------------------------------------------------------------------
     Street 2:                                  Phone:
                                                  Fax:


                    Prescription Claims Office Information
   Company Name: INSURANCE COMPANY                 Street 3:
        Street:                              City/State:
     Street 2:                                  Phone:
                                                  Fax:


                      Appeals Office Information
+---------Enter ?? for more actions-------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address  AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                DC  Delete Company
PC  Prescr Claims Of      RE  Remarks              VP  View Plans
AO  Appeals Office        SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor       Nov 26, 2014@12:27:16        Page:   5 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
+------------------------------------------------------------------------
   Company Name: INSURANCE COMPANY                 Street 3:
        Street:                              City/State:
     Street 2:                                  Phone:
                                                  Fax:


                      Inquiry Office Information
   Company Name: INSURANCE COMPANY                 Street 3:
        Street:                              City/State:
     Street 2:                                  Phone:
                                                  Fax:


+---------Enter ?? for more actions-------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address  AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                DC  Delete Company
PC  Prescr Claims Of      RE  Remarks              VP  View Plans
AO  Appeals Office        SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor       Nov 26, 2014@12:27:39        Page:   6 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
+------------------------------------------------------------------------
```

```
                      Associated Insurance Companies
   This insurance company is not defined as either a Parent or a Child.

                            Provider IDs
Billing Provider Secondary ID

Additional Billing Provider Secondary IDs

VA-Laboratory or Facility Secondary IDs
+---------Enter ?? for more actions---------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address  AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer               DC  Delete Company
PC  Prescr Claims Of      RE  Remarks             VP  View Plans
AO  Appeals Office        SY  Synonyms            EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:27:51      Page:    7 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                   Currently Active
+----------------------------------------------------------------------------

                            ID Parameters
Attending/Rendering Provider Secondary ID Qualifier (1500):
Attending/Rendering Provider Secondary ID Qualifier (UB-04):
Attending/Rendering Secondary ID Requirement: NONE REQUIRED
Referring Provider Secondary ID Qualifier (1500): UPIN
Referring Provider Secondary ID Requirement: NONE
Use Att/Rend ID as Billing Provider Sec. ID (1500): NO
Use Att/Rend ID as Billing Provider Sec. ID (UB-04): NO
Always use main VAMC as Billing Provider (1500)?: NO
Always use main VAMC as Billing Provider (UB-04)?: NO
Transmit no Billing Provider Sec. ID for the Electronic Plan Types:
+---------Enter ?? for more actions---------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address  AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer               DC  Delete Company
PC  Prescr Claims Of      RE  Remarks             VP  View Plans
AO  Appeals Office        SY  Synonyms            EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:28:12      Page:    8 of  9
Insurance Company Information for: INSURNACE COMPANY
Type of Company: HEALTH INSURANCE                   Currently Active
+----------------------------------------------------------------------------

                            Payer: PAYER A
   VA National ID: VA1                    CMS National ID:
     Deactivated: YES                     Date Deactivated: 11/04/2014

                  Payer Application: eIV
  Nationally Enabled: YES                    FSC Auto-Update: YES
    Locally Enabled: YES

                  Payer Application: IIU
  Nationally Enabled: YES                    Receive IIU Data: YES
    Locally Enabled: YES

  Remarks
+---------Enter ?? for more actions---------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address  AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
```

```
OC  Opt Claims Office      PA  Payer                DC  Delete Company
PC  Prescr Claims Of       RE  Remarks              VP  View Plans
AO  Appeals Office         SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor       Nov 26, 2014@12:28:30        Page:   9 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                   Currently Active
+-----------------------------------------------------------------------
   6/05 Will not pay for Omeprazole/Prilosec..jc
   1/1/04 All XXXXX are combined to this one this year and an all inclusive
   # is xxx-xxx-xxxx..ID# are changing over to W + 9 digits now too..jc
   This insurance carrier entry and phone number is inclusive for the
   'Bxxxxx Company'. mdm

  Synonyms
    XXX
----------Enter ?? for more actions------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office       EA  Edit All
MM  Main Mailing Address AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office   ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office    PA  Payer                DC  Delete Company
PC  Prescr Claims Of     RE  Remarks              VP  View Plans
AO  Appeals Office       SY  Synonyms             EX  Exit
Select Action: Quit//
```

6.15. View Insurance Company

The View Insurance Company option is used to look at data related to a selected insurance company. Editing of the data is not allowed through this option.

About the Screen

In the top left corner of each screen is the screen title. The following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any "Select Action" prompt displays all available actions for that screen.

The user can QUIT from any screen; this will bring the user back one level or screen. EXIT is also available on most screens. When EXIT is entered, the user is prompted to "Exit option entirely?". A YES response returns the user to the menu. A NO response has the same result as the QUIT action. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

6.16. Insurance Company Editor Screen

Once the insurance company is selected, this screen is displayed listing the following groups of information for that company: billing parameters, main mailing address, inpatient claims office data, outpatient claims office data, prescription claims office data, appeals office data, inquiry office data, remarks, and synonyms.

The two actions available through this option are CC Change Insurance Co. that allows the user to change to another company without returning to the beginning of the option, and EXIT.

Sample Screens

```
Insurance Company Editor      May 29, 2014@13:46:36       Page:  1 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                     Currently Active
-------------------------------------------------------------------------
                          Billing Parameters
  Signature Required?: NO                     Type Of Coverage: HEALTH INSURAN
          Reimburse?: WILL REIMBURSE               Billing Phone:
    Mult. Bedsections: YES                    Verification Phone:
       One Opt. Visit: NO                     Precert Comp. Name:
      Diff. Rev. Codes:                           Precert Phone:
  Amb. Sur. Rev. Code:
  Rx Refill Rev. Code:
    Filing Time Frame:  (NO FILING TIME FRAME LIMIT)
                           EDI Parameters
            Transmit?: YES-LIVE              Insurance Type: GROUP POLICY
  Inst Payer Primary ID:           Prof Payer Primary ID:
+---------Enter ?? for more actions------------------------------------->>>
CC   Change Insurance Co.              EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:46:50       Page:  2 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                     Currently Active
+------------------------------------------------------------------------
 Inst Payer Sec ID Qual:                 Prof Payer Sec ID Qual:
      Inst Payer Sec ID:                     Prof Payer Sec ID:
 Inst Payer Sec ID Qual:                 Prof Payer Sec ID Qual:
      Inst Payer Sec ID:                     Prof Payer Sec ID:
            Bin Number:          Prnt Sec/Tert Auto Claims:
             HPID/OEID:          Prnt Med Sec Claims w/o MRA:
                          Main Mailing Address
        Street: 123 STREET              City/State: ANYTOWN, WY 5180
      Street 2:                              Phone:
      Street 3:                                Fax:
+---------Enter ?? for more actions------------------------------------->>>
CC   Change Insurance Co.              EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:47:39       Page:  3 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                     Currently Active
+------------------------------------------------------------------------
                  Inpatient Claims Office Information
  Company Name: BIG LOSS INSURANCE           Street 3:
        Street: 123 STREET              City/State: ANYTOWN, WY 5180
      Street 2:                              Phone:
                                               Fax:
                  Outpatient Claims Office Information
  Company Name: BIG LOSS INSURANCE           Street 3:
        Street: 123 STREET              City/State: ANYTOWN, WY 5180
      Street 2:                              Phone:
                                               Fax:
+---------Enter ?? for more actions------------------------------------->>>
CC   Change Insurance Co.              EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:47:42       Page:  4 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                     Currently Active
+------------------------------------------------------------------------
                  Prescription Claims Office Information
  Company Name: BIG LOSS INSURANCE           Street 3:
        Street: 123 STREET              City/State: ANYTOWN, WY 5180
      Street 2:                              Phone:
```

```
                                           Fax:
                     Appeals Office Information
  Company Name: BIG LOSS INSURANCE                 Street 3:
       Street: 123 STREET                       City/State: ANYTOWN, WY 5180
     Street 2:                                      Phone:
                                                      Fax:
+---------Enter ?? for more actions-------------------------------------->>>
CC  Change Insurance Co.              EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor     May 29, 2014@13:47:43      Page:  5 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                     Currently Active
+------------------------------------------------------------------------
                     Inquiry Office Information
  Company Name: BIG LOSS INSURANCE                 Street 3:
       Street: 123 STREET                       City/State: ANYTOWN, WY 5180
     Street 2:                                      Phone:
                                                      Fax:
                   Associated Insurance Companies
  This insurance company is not defined as either a Parent or a Child.
+---------Enter ?? for more actions-------------------------------------->>>
CC  Change Insurance Co.              EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor     May 29, 2014@13:47:45      Page:  6 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                     Currently Active
+------------------------------------------------------------------------
                          Provider IDs
Billing Provider Secondary ID
Additional Billing Provider Secondary IDs
VA-Laboratory or Facility Secondary IDs
                        ID Parameters
Attending/Rendering Provider Secondary ID Qualifier (1500):
Attending/Rendering Provider Secondary ID Qualifier (UB-04):
Attending/Rendering Secondary ID Requirement: NONE REQUIRED
Referring Provider Secondary ID Qualifier (1500): UPIN
+---------Enter ?? for more actions-------------------------------------->>>
CC  Change Insurance Co.              EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor     May 29, 2014@13:47:46      Page:  7 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                     Currently Active
+------------------------------------------------------------------------
Referring Provider Secondary ID Requirement: NONE
Use Att/Rend ID as Billing Provider Sec. ID (1500): NO
Use Att/Rend ID as Billing Provider Sec. ID (UB-04): NO
Always use main VAMC as Billing Provider (1500)?: NO
Always use main VAMC as Billing Provider (UB-04)?: NO
Transmit no Billing Provider Sec. ID for the Electronic Plan Types:


                          Payer: PAYER1

   VA National ID: VA10                        CMS National ID:
     Deactivated: NO


                Payer Application: eIV
  Nationally Enabled: YES                      FSC Auto-Update: YES
    Locally Enabled: YES


                Payer Application: IIU
  Nationally Enabled: YES                      Receive IIU Data: NO
    Locally Enabled: YES
```

```
+--------Enter ?? for more actions---------------------------------------->>>
CC  Change Insurance Co.            EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:47:47        Page:  8 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                  Currently Active
+------------------------------------------------------------------
  Remarks
  Synonyms
---------Enter ?? for more actions---------------------------------------->>>
CC  Change Insurance Co.            EX  Exit
Select Action: Quit//
```

6.17. Process Insurance Buffer

The IB INSURANCE SUPERVISOR security key is required to use the Reject Entry and Accept Entry actions. Adding new insurance companies requires the IB INSURANCE COMPANY ADD security key.

This option is used to process and manage the Insurance Buffer through the use of the following screens and actions.

6.18. Insurance Buffer List Screen

This screen contains the list of all Insurance Buffer file entries that have not yet been processed by authorized insurance personnel.

Table 21: Common Actions

Action	Description
Process Entry Action	Opens the Insurance Buffer Process screen for a selected buffer entry. The buffer entry can then be compared against existing insurance records, viewed, edited, rejected, or accepted.
Reject Entry Action	Allows the user to reject a selected buffer entry without any changes to the existing permanent insurance records. This also results in the buffer entries insurance and patient data being deleted, leaving a stub record in the Buffer file for tracking and reporting purposes. The permanent Insurance files are not modified by this action. If the patient has no active insurance, then any bills on hold will be released.
Expand Entry Action	Opens the Insurance Buffer Entry screen for a selected buffer entry. This screen displays the complete buffer entry and allows the data to be edited.
Add Action	Allows the user to create then edit a new Insurance Buffer entry.
Sort List	Re-sorts the list of unprocessed buffer entries on the Insurance Buffer List screen by a selected data element.

6.19. Insurance Buffer Process Screen

This screen contains the information and actions needed to process a buffer entry. The screen display includes data to assist in matching the buffer entry with any existing insurance records. There are two versions of this screen:

1. Patient (list is broken into 2 sections)

2. Insurance Company

Table 22: Common Actions

Action	Description
Accept Entry Action	Allows the user to accept the buffer data and transfer the insurance information from the buffer entry into the permanent insurance records. New insurance records can be created, or existing Insurance records can be updated with the buffer data. The new / updated Insurance record is flagged as verified. The insurance and patient data are deleted from the buffer entry leaving only a stub record for tracking and reporting purposes. If a new policy is added for the patient, the on-hold date of any patient bills is updated to the current date.
Reject Entry Action	Allows the user to reject the buffer entry without any changes to the existing permanent insurance records. This also results in the buffer entries insurance and patient data being deleted, leaving a stub record in the Buffer file for tracking and reporting purposes. The permanent insurance files are not modified by this action. If the patient has no active insurance, any bills on hold are released.
Compare Entry Action	Displays the buffer entry and a user selected Insurance Policy side by side so to compare and determine if a match exists. It is also possible to edit the buffer entry data within this action. The display and editing are broken into three parts: Insurance Company data, Group / Plan data, and Patient Policy data.
Expand Entry Action	Opens the Insurance Buffer Entry screen for the buffer entry. It displays the complete buffer entry and allows the data to be edited.
Insurance Co/Patient Action	Toggles between the two versions of the Insurance Buffer Process screen: Patient or Insurance Company. If an Insurance Company is selected the Insurance Company version of the screen is displayed, if no company is selected the Patient version of the screen is displayed.

6.20. Insurance Buffer Entry Screen

This screen displays all data defined for a buffer entry and allows that data to be edited.

Table 23: Common Actions

Action	Description
Insurance Co Edit Action	Edits the Insurance Company specific data in the buffer entry.
Group/Plan Edit Action	Edits the Insurance Group / Plan specific data in the buffer entry.
Patient Policy Edit Action	Edits the Patient Policy specific data in the buffer entry.

Action	Description
All Edit Action	Edits all three types of data in the buffer entry: Insurance Company, Group / Plan, and Patient Policy.
Verify Entry Action	Option to flag the buffer entry as verified before it is accepted. If the buffer entry is later accepted, the person that uses this action is added as the verifier in the permanent insurance policy.

Sample Screens

```
Insurance Buffer List          Nov 05, 1998 09:44:09       Page:   1 of    1
Buffer File entries not yet processed. (sorted by Patient Name)
   Patient Name               Insurance Company  Subscr Id   S      Entered   iIECH
1   IBpatient,one      XXXX  GEHA               XXX          I      10/09/98   I
2  *IBpatient,two      XXXX  HARTFORD           XXXXXXXX     I      09/15/98   i  C
3   IBpatient,three    XXXX  BLUE CROSS/BLUE S  XXXXX        I      09/29/98   i
4   IBpatient,four     XXXX  GHI                             P      09/30/98   i
5   IBpatient,five     XXXX  HARTFORD                        I      09/30/98   i
        Enter ?? for more actions
   Process Entry          EE  Expand Entry              Sort List
   Reject Entry               Add Entry            X    Exit
Select Action: Quit//
Insurance Buffer Process     Nov 05, 1998 11:01:21        Page:   1 of    1
IBpatient,one                         XXX-XX-XXXX    DOB: JUN 2,1926    AGE: 72
              HARTFORD    (2222 SOUTH STREET, ANYTOWN, CA)
  -HARTFORD           000-CHAMPUS    00606666      PATIEN

                      Patient's Existing Insurance
   Insurance Company    Group #       Subscriber Id  Holder  Effective Expires
1   HARTFORD            000           XXXXXXXX       SPOUSE  01/01/97
2   BC/BS OF ALBANY     415           XXXXXXXX       PATIEN

       Any Group/Plan that may match Group Name or Group Number
   Insurance Company                    Group Name          Group Number
3   HARTFORD              2222 South St  CHAMPUS PRIM         000
        Enter ?? for more actions
   Accept Entry              Compare Entry          Insurance Co/Patient
   Reject Entry          EE  Expand Entry       X   Exit
Select Action: Quit//
```

6.21. Manually Added HPIDs to Billing Claim Report

This report generates a list of Health Plan Identifier (HPID) numbers that have been added directly to claims. It allows billing staff to track the instances when an HPID number is added to a third-party claim and to generate an ad-hoc report of authorized claims with this entry information. Only HPIDs that have been manually added will appear on this report.

The user will be prompted for date range, report format, and device. The date range pertains to when the HPID was manually added to the claim.

This output displays patient name, last 4 of SSN, payer, HPID, claim number, username, date HPID added, Professional ID and Institutional ID.

Sample Output

```
MANUALLY ADDED HPIDS TO BILLING CLAIM REPORT                              AUG 02, 2015@19:59    Page: 1

PT NAME            SSN    PAYER          HPID        CLAIM #      USER NAME     DATE HPID ADDED PROF ID     INST ID
--------------------------------------------------------------------------------------------------------------
IBPATIENT,ONE      1111   BLUE CROSS     7414615XXX  XXX-XXXXXXX  IBUSER,ONE    12/02/2014      1234567XXX 0987654XXX
IBPATIENT,ONE      1111   BLUE CROSS     7399982XXX  XXX-XXXXXXX  IBUSER,ONE    01/15/2015      1234567XXX 0987654XXX
IBPATIENT,ONE      1111   BLUE CROSS     7947434XXX  XXX-XXXXXXX  IBUSER,ONE    01/22/2015      1234567XXX 0987654XXX
IBPATIENT,ONE      1111   BLUE CROSS     7947434XXX  XXX-XXXXXXX  IBUSER,ONE    01/22/2015      1234567XXX 0987654XXX
IBPATIENT,ONE      1111   BLUE CROSS     7467061XXX  XXX-XXXXXXX  IBUSER,ONE    01/23/2015      1234567XXX 0987654XXX
IBPATIENT,ONE      1111   BLUE CROSS     7947434XXX  XXX-XXXXXXX  IBUSER,ONE    02/05/2015      1234567XXX 0987654XXX
IBPATIENT,TWO      9341   BLUE CROSS     7462706XXX  XXX-XXXXXXX  IBUSER,ONE    02/09/2015      1234567XXX 0987654XXX
IBPATIENT,TWO      9341   BLUE CROSS     7444643XXX  XXX-XXXXXXX  IBUSER,ONE    02/09/2015      1234567XXX 0987654XXX
IBPATIENT,TWO      9341   BLUE CROSS     7908996XXX  XXX-XXXXXXX  IBUSER,ONE    02/09/2015      1234567XXX 0987654XXX
```

6.22. Expire Group Plan (XPIR)

This Patient Insurance Menu (PI) option is used to specify an expiration date for all subscribers in a plan, effectively "terminating" the plan, without having to move the subscribers to a different plan. This option offers the user the option to inactivate the plan as part of the expiration or to allow the plan to remain active.

Sample Screens / Prompts

```
EXPIRE ALL SUBSCRIBERS WITHIN A GROUP PLAN
You can use this option to specify an expiration date for all subscriber policies in a
group plan without moving the subscribers to another group plan. If the group plan
status is currently "active," you can also choose to "inactivate" the group plan.
Select INSURANCE COMPANY:
You may select an existing Plan from a list or enter a specific Plan.
Do you wish to enter a specific plan? NO
```

- If the user response is NO, the Group Plan Lookup screen displays:

Figure 1: Group Plan Lookup – User Response of NO

- If the user response is **YES**, the following prompts display:

Figure 2: Group Plan Lookup – User Response of YES

- When the user selects a Group Plan, the following prompts display:

```
Collecting Subscribers . . .
This group plan has ## subscribers. All subscribers will be expired.
Do you want to expire all subscribers' policies for this plan? //YES
Enter expiration date (applies to all subscribers in this plan):
You selected to expire ## subscriber(s) with Expiration Date <MMM dd, yyyy> for:
```

```
        Insurance Company <INSURANCE COMPANY NAME>
        Plan Name <GROUP NAME>           Number <GRP NUM XXXXX>
Please note that the policy will be EXPIRED in the patient profile!!
Okay to continue? //YES
Expiring Policies . . .
Done. XX Subscribers' policies were expired as of <MMM dd, yyyy>.
A Bulletin was sent to you and members of 'IB NEW INSURANCE' Mail Group.
= = = = = = = = = = = = = = = = = = = = =
EXPIRE ALL SUBSCRIBERS WITHIN A GROUP PLAN
= = = = = = = = = = = = = = = = = = = = =
```

- One of the following messages may display if there are subscribers (policies) that were not / could not be expired:

```
These # entries could not be processed, they'll need to be adjusted manually.
Patient Name/ID        Whose            Employer    Effective    Expires
<patient name XXXX>    <relation><employer>   <date> <date>
Examine the entries that could not be processed.
Press RETURN to continue.
```

-or-

```
After processing, no changes were needed, no policies were expired.
Press RETURN to continue.
= = = = = = = = = = = = = = = = = = = = =
EXPIRE ALL SUBSCRIBERS WITHIN A GROUP PLAN
= = = = = = = = = = = = = = = = = = = = =
```

- If the group plan is active, the inactivate plan prompt, shown below, displays. The following warning displays with the inactivate plan prompt if there are subscribers (policies) that were not/could not be expired:

```
    * * * * * * * * * * * * * * * * * * * * * * * *
                    Warning
     There are still active subscribers
          that will need to be adjusted manually.
   * * * * * * * * * * * * * * * * * * * * * * * *
Do you wish to inactivate plan <GROUP NAME>? //N
```

- If user response is YES, the following displays:

```
The <GROUP NAME> plan has been inactivated.
```

- If user response is NO, the following displays:

```
The <GROUP NAME> plan is still active.
```

- If the group plan is inactive, the following prompt displays:

```
 Please note the <GROUP NAME> plan is already inactive.
 = = = = = = = = = = = = = = = = = = = = =
 EXPIRE ALL SUBSCRIBERS WITHIN A GROUP PLAN
 = = = = = = = = = = = = = = = = = = = = =
```

6.23. Insurance Reports

The Insurance Reports menu provides the options to run the following reports:

Table 24: Report Descriptions

Report	Description
ABUF	Insurance Buffer Activity
AR	eIV Ambiguous Policy Report
AU	User Edit Report
CV	Coverage Limitations Report
EBUF	Insurance Buffer Employee
GP	List Group Plans without Annual Benefits
ID	Generate Insurance Company Listings
IFIU	Interfacility Ins. Update Report
IN	Patients with Unidentified Insurance
INSC	Veterans w/Insurance and Inpatient Admissions
IP	eIV Inactive Policy Report
IR	Ins Company Link Report
IU	eIV Patient Insurance Update Report
LC	List Inactive Ins. Co. Covering Patients
LP	List Plans by Insurance Company
LR	Payer Link Report
MD	Insurance Plans Missing Data Report
NC	Verification of No Coverage Report
NE	Active Policies with no Effective Date Report
NV	List New not Verified Policies
ONSC	Veterans w/Insurance and Opt. Visits
PDOD	eIV Payer Date of Death Report
PR	eIV Payer Report
PT	Insurance Payment Trend Report
RR	eIV Response Report
SOUR	Source of Information Report
SR	eIV Statistical Report
UNKI	Inpatients w/Unknown or Expired Insurance

Report	Description
UNKO	Outpatients w/Unknown or Expired Insurance
WNR	Patients Without MEDICARE (WNR) Insurance
WO	Patients with or without Insurance Report

6.24. List Plans by Insurance Company

This report provides insurance information from both a plan and subscriber perspective. It is designed to generate lists of plans by insurance company and lists of subscribers (policies) by insurance plan. It can be used to generate plan and subscriber lists to be used for the database clean-up efforts. Once the database integrity has been restored, the report can be used to generate a list of subscribers to plans or companies.

This report is formatted to print at 132 columns.

Sample Screen

```
Insurance Plan Lookup        Sep 19, 1995 13:29:50     Page:   1 of    1
All Plans for: ABC INS                                  Phone: XXX-XXX-XXXX
             123 MAIN Ave.                           Precerts: XXX-XXX-XXXX
             ANYTOWN, CA  00098
#   + => Indiv. Plan    * => Inactive Plan              Pre-  Pre-  Ben
    Group Name          Group Number      Type of Plan  UR?  Ct?  ExC? As?
1   AE                  93932             MEDICAL EXPEN  NO   YES  YES  YES
2   NYS                 12343221          MEDI-CAL       YES  YES  YES  YES
3   KROGER              112222            MAJOR MEDICAL  NO   YES  NO   YES
4   RETIRED             4321              MAJOR MEDICAL  YES  YES  NO   YES


         Enter ?? for more actions
SP  Select Plan
Select Action: Quit// sp=1 4    Select Plan
Would you like to select any other plans? NO// <RET>
```

Sample Output

```
LIST OF PLANS BY INSURANCE COMPANY              MAR 12, 2015@13:19    Page: 1
----------------------------------------------------------------------------------------------------
--
+ =>INDIV. PLAN    * => INACTIVE
Filters: Active Insurance, Active Group Plans
INSURANCE COMPANY TWO
PO BOX XXXXXX        FTF= 1(YRS)            GROUP PLAN TOTAL= 4
ANYTOWN, MO                                SUBSCRIBER TOTAL= 1000
64106-7711
    GROUP NUMBER                      GROUP NAME    TYPE OF PLAN    ELEC PLAN     FTF
    PART A                 PART A       MEDICARE      MEDICARE     1(YRS)
            SUBSCRIBERS = 250
    PART B                 PART B       MEDICARE      MEDICARE     1(YRS)
            SUBSCRIBERS = 20
    +PART A RR             PART A RR      MEDICARE      MEDICARE  1(YRS)
            SUBSCRIBERS = 1
    PART B RR             PART B RR        MEDICARE      MEDICARE     1(YRS)
            SUBSCRIBERS = 250
*INSURANCE COMPANY THREE
PO BOX XXXXXX        FTF= 1(YRS)
ANYTOWN, MO     GROUP PLAN TOTAL= 5
66666-5555          SUBSCRIBER TOTAL= 1000
    GROUP NUMBER                      GROUP NAME    TYPE OF PLAN    ELEC PLAN     FTF
    PART A                 PART A       MEDICARE    MEDICARE     1(YRS)
            SUBSCRIBERS = 250
```

```
    *PART B                    PART B         MEDICARE    MEDICARE      1(YRS)
            SUBSCRIBERS = 20
    PART A RR                  PART A RR              MEDICARE    MEDICARE     1(YRS)
            SUBSCRIBERS = 5
    PART B RR                  PART B RR              MEDICARE    MEDICARE     1(YRS)
            SUBSCRIBERS = 250
  *****End of Report****
```

6.25. List New not Verified Policies

The List New Not Verified Policies option is used to produce a list by patient of new insurance entries that have not been verified. After running this report, use the Verify Coverage action of the Patient Insurance Info View/Edit option to verify coverage for individual patients.

Specify a date range and patient name range to limit the parameters of the report.

Information provided on the output includes patient name and ID#, insurance company name, subscriber ID, person who made the entry, and date entered. A total count is also provided.

```
REPORT OF NEW, NOT VERIFIED INSURANCE ENTRIES FROM: 8/01/93 TO: 12/01/93    DEC 16,1993  15:05    PAGE 1
PATIENT            PATIENT ID  INSURANCE CO            SUBSCRIBER ID  WHO ENTERED        DATE ENTERED
--------------------------------------------------------------------------------------------------------
IBpatient,one      XXXXXXXX    XYZ INS                 XXXXXXX        NANCY              AUG 17,1993
IBpatient,two      XXXXXXXX    BLUE CROSS BLUE SHIELD  XXXXXX         BETH               SEP 17,1993
IBpatient,three    XXXXXXXX    XYZ INS                 XXXX           ELLEN              OCT 12,1993
COUNT 3
```

6.26. Insurance Plans Missing Data Report

The Insurance Plans Missing Data option creates a list of insurance plan missing specified information.

This report can display plans that are missing group number, type of plan, timely filing time frame, electronic plan type, coverage limitations, BIN, and PCN.

Sample Screen

```
1. List All 1365 Active Ins. Companies
2. List Only Active Ins. Companies That You Select
    SELECT 1 or 2:
Display Active Group(s) missing Group Number? YES// YES
Display Active Group(s) missing Type of Plan? YES//YES
Display Active Group(s) missing Timely Filing Time Frame? YES//YES
Display Active Group(s) missing Electronic Plan Type? YES//YES
Display Active Group(s) missing Coverage Limitations? YES//YES
Display Active Group(s) missing BIN? YES//YES
Display Active Group(s) missing PCN? YES//YES
DEVICE: HOME//
```

Sample Output

```
INSURANCE PLANS MISSING DATA            MAR 12, 2015@13:19     Page: 1 of 1
Missing Data: Group #, Plan Type, FTF, Elec Plan, BIN, PCN, Coverage Limitation
MEDICARE (WNR)       PO BOX xxxxx     ANYTOWN, MO  64444-1111
 GROUP #       GROUP NAME     TYPE OF PLAN    ELEC PLAN        FTF
 --------      ----------     -----------     ---------        ---
 XXXXXXXX        PART B                MEDICARE        MEDICARE      1(YRS)
 PART B          PART B                MEDICARE        MEDICARE      XXXXXXX
 PART A RR   XXXXXXXX      MEDICARE         MEDICARE      XXXXXXX
 PART B RR   PART B        XXXXXX    MEDICARE     XXXXXXX
 PART G          PART G                MEDICARE        XXXXXXXXX     1(YRS)
 PART A RR   XXXXXXXX      MEDICARE         MEDICARE      XXXXXXX
    Coverage             Effective Date   Covered?
```

```
    --------          --------------    --------
   INPATIENT          XXXXXXXX        BY DEFAULT
 PART G        PART G         MEDICARE       XXXXXXXXX    1(YRS)
 PART A RR  XXXXXXX     MEDICARE      MEDICARE    XXXXXXX
CAREMARK     PO BOX 13999    ANYTOWN, MO  64106-7711   PRESCRIPTION ONLY
 GROUP #      GROUP NAME    TYPE OF PLAN   ELEC PLAN     FTF     BIN       PCN
 --------     ----------    -----------   ---------    ---     ---     ---
 XXXXXXXX      PART B                     PRESCRIPTION  PRESCRIPTION  1(YRS)  XXX  XXXXXX
 XXXXXXXX      PART B                     PRESCRIPTION  PRESCRIPTION  1(YRS)  123654  XXXX
 PART B        PART B                     PRESCRIPTION  PRESCRIPTION  1(YRS)  XXX     XXXX
*****End of Report****
```

6.27. eIV Payer Date of Death Report

The eIV Payer Date of Death Report (PDOD) option creates a report so that the Insurance Verifier can forward information to the VA registration offices including a Patient's date of death. VistA Registration file may or may not have date of death for patient Information from report can be used by VAMC Registration offices. The report can be found on the Insurance Reports Menu Option Path: Patient Insurance Menu (PI) > Insurance Reports (INSR). The shortcut is PDOD.

This report is formatted to print at 132 columns.

Sample Screen

```
 eIV Payer Date of Death Report
Electronic Insurance Verification responses are received daily.
Please select a Date range in which Date of Death eIV responses were received
to determine the appropriate patient Date of Death information.
eIV RESPONSE RECEIVED DATE:
Earliest Date Received:  T  (JUN 03, 2020)
  Latest Date Received:  Today// T  (JUN 03, 2020)
PAYER SELECTION:
Run for (A)ll Payers or (S)elected Payers: A// ll
DECEASED OR NOT DECEASED IN VISTA:
    Select one of the following:
        1          Patient is not deceased in VistA
        2          Patient is deceased in VistA
        3          Both
Select the type of patient to display: 3//   Both
    Select one of the following:
        1          Patient Name
        2          Payer Name
  Select the primary sort field: 1//   Patient Name
(E)xcel Format or (R)eport Format: Report//
```

Sample Output

```
eIV Payer Date of Death Report                          Mar 23, 2020@07:02:16  Page: 1
Date Range: 01/01/2015-03/23/2020     All Payers, Patients Deceased and Not Deceased in VistA
Patient Name           Last 4 SSN  DOB VISTA   DOD VISTA   Payer Name  Trace #     DOD Payer
--------------------------------------------------------------------------------------------
IBPATIENT,ONE          XXXX   02/02/1922              AETNA        12345678  02/02/2020
IBPATIENT,TWO          XXXX   02/02/1922              CIGNA        12345678  02/02/2020
IBPATIENT,THREE        XXXX   01/01/1948  06/18/2019  AETNA        12345678  01/13/2020
IBPATIENT,FOUR         XXXX   05/05/1955  07/26/1992  CMS          12345678  01/03/2020
                                  *** END OF REPORT ***
```

6.28. Source of Information Report

The Source of Information Report (SOUR) option creates a report to help the user calculate accurate Return on Investment based on the source of information assigned to the patient policy. It includes only those specific policies associated with the parameters selected by the user during the report generation prompts.

Sample Screen

```
 This report will print bills and payments within the user selected
date range that are associated to an insurance policy with a source
of information equal to the user selected criteria.
    Select one of the following:
        B         Billed Date
        C         Collected Date
Report by (B)ill Date or by (C)ollected Date?: // b  Billed Date
Starting Billed Date: Mar 01, 2020// 1/1/15  (JAN 01, 2015)
  Ending Billed Date: Mar 23, 2020// 1/15/15  (JAN 15, 2015)
    ***  Selected Billed Date range from Jan 01, 2015 to Jan 15, 2015  ***
Enter Sources of Information to include one at a time.
Include Source of Information (<RETURN> for ALL):
    Select one of the following:
        D         Detailed
        S         Summary
Print (D)etailed or (S)ummary report?: Summary// d  Detailed
    Select one of the following:
        P         Patient
        I         Insurance
        B         Billed Amount
        C         Collected Amount
        D         Date
        S         Source of Information
Sort the report by: Source of Information// i Insurance
    Select one of the following:
        E         Excel
        R         Report
(E)xcel Format or (R)eport Format: : Report//
If you selected a long report period it is
recommended that this report be queued.
*** This report is 132 characters wide ***
DEVICE: HOME//   HOME  (CRT)
```

Sample Output for a Summary Report

```
SOURCE OF INFORMATION REPORT                    Mar 23, 2020@10:08:31   PAGE 2
FOR THE BILLED DATE RANGE: Jan 01, 2015 TO Jan 30, 2015        TYPE: SUMMARY
SOURCE OF INFORMATION: ALL
-------------------------------------------------------------------------------
Source         Outpt Bill Cnt  Outpt Bill Amt  Outpt Pay Cnt   Outpt Pay Amt
ICB CARD READER    1,799          687,120.85         210           53,914.03
CONTRACT SERVICE     109           14,954.70           3              209.37
Outpt Total        4,456        2,028,736.61         732          266,160.82
Grand Total
Source             Bill Cnt        Bill Amt       Pay Cnt         Pay Amt
INTERVIEW            312          125,865.86          34            9,768.97
DATA MATCH            30           11,911.72           4            1,517.63
PRE-REGISTRATION     761          265,755.33          97           31,003.11
eIV                1,468        1,006,248.30         407          231,808.44
HMS                  121           59,114.81          23            7,986.85
```

```
ICB CARD READER      1,815           691,775.97        211            54,000.25
CONTRACT SERVICE       110            15,319.16          3               209.37
Grand Total          4,617         2,175,991.15        779           336,294.62
Type <Enter> to continue or '^' to exit:
```

Sample Output for a Detail Report

```
SOURCE OF INFORMATION REPORT                                             Mar 23, 2020@10:05:56    PAGE 1
FOR THE BILLED DATE RANGE: Jan 01, 2015 TO Jan 30, 2015                                   TYPE: DETAIL  ED
SOURCE OF INFORMATION: ALL
SORT: Source of Information
......................................... Inpatient Bills Entered ..........................................
Patient Name      SSN    Bill Num   Insurance Company     Bill Amt  Bill Date     Coll Amt  Coll Date     F/P/N Source
IBPATIENT,ONE     XXXX   XXXXXXX    LIFE INVESTORS          364.46  Jan 23, 2015    0.00                    N    CONTRACT SERVICE
IBPATIENT,TWO     XXXX   XXXXXXX    SINCLAIR HEALTH SERVI   538.89  Jan 13, 2015   86.22   Jan 26, 2015     P    ICB CARD READER
IBPATIENT,THREE   XXXX   XXXXXXX    BCBS WY*                277.73  Jan 21, 2015    0.00                    N    ICB CARD READER
IBPATIENT,FOUR    XXXX   XXXXXXX    BCBS WY*                192.95  Jan 21, 2015    0.00                    N    ICB CARD READER
IBPATIENT,FIVE    XXXX   XXXXXXX    BCBS WY*                277.73  Jan 21, 2015    0.00                    N    ICB CARD READER
IBPATIENT,SIX     XXXX   XXXXXXX    BCBS WY*                277.73  Jan 21, 2015    0.00                    N    ICB CARD READER
IBPATIENT,SEVEN   XXXX   XXXXXXX    BCBS WY*                192.95  Jan 21, 2015    0.00                    N    ICB CARD READER
IBPATIENT,EIGHT   XXXX   XXXXXXX    BCBS WY*                195.87  Jan 21, 2015    0.00                    N    ICB CARD READER
IBPATIENT,NINE    XXXX   XXXXXXX    BCBS WY*                538.89  Jan 21, 2015    0.00                    N    ICB CARD READER
IBPATIENT,TEN     XXXX   XXXXXXX    BCBS WY*                192.95  Jan 21, 2015    0.00                    N    ICB CARD READER
IBPATIENT,ELEVEN  XXXX   XXXXXXX    BCBS WY*                277.73  Jan 21, 2015    0.00                    N    ICB CARD READER
IBPATIENT,TWELVE  XXXX   XXXXXXX    BCBS WY*                277.73  Jan 21, 2015    0.00                    N    ICB CARD READER
* Next to bill indicates bill is canceled and not used in totals
```

6.29. Release of Information Report

The VA Mission Act of 2018 modified the requirement for a signed Release of Information (ROI) when billing sensitive diagnoses. A signed ROI is not required for any bill for a sensitive diagnosis and a date of service on or after January 28, 2019. A date of service prior to January 28, 2019, will still require a signed ROI for a sensitive diagnosis.

This report provides a list of ROI for sensitive diagnosis medication and the associated expiration dates. The ROI report is designed to sort by expiration date, in reverse chronological order.

This report is formatted to print at 132 columns.

Sample Output

```
BEGINNING EXPIRATION DATE: T-180//   (MAY 07, 2015)
ENDING EXPIRATION DATE: T+60//   (JAN 02, 2016)
    Select one of the following:
        A        ACTIVE
        I        INACTIVE
        B        BOTH
Display (A)ctive or (I)active or (B)oth ROI Status:: Both//   BOTH
Export the report to Microsoft Excel (Y/N)? NO//
WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES
DEVICE: HOME// 0;132  VIRTUAL TELNET
Please wait...
Release of Information Expiration Report                                           Page:  1
Date Range: 05/07/2015 - 01/02/2016            Run Date: Nov 03, 2015@12:38:35
---------------------------------------------------------------------------------------------------
                Date of   Eff.     Exp.          Date
Patient Name    Death     Date     Date     St   Added     Entered By       Insurance Name   Drug Name
---------------------------------------------------------------------------------------------------
PATIENT,ONE               12/16/15 01/02/16  A   12/30/15  USER,ONE         ABC INSURANCE    DRUG ONE
PATIENT,TWO               01/01/15 12/31/15  A   05/24/13  USER,FOUR        ABC INSURANCE    DRUG TWO
PATIENT,TWO               01/01/15 12/31/15  A   02/13/13  USER,ONE         ABC INSURANCE    DRUG ONE
PATIENT,THREE             01/01/15 12/31/15  A   05/28/15  USER,TWO         XYZ INSURANCE    DRUG THREE
*** END OF REPORT ***
```

6.30. Interfacility Ins. Update Report

This report shows the relationship between the insurance companies in file #36 and the payers in file #365.12. The Interfacility Insurance Update Activity report can be run by picking the IFIU option from the Patient Insurance Menu (PI).

This option displays either all sent or received interfacility insurance update records. The report can be generated as a summary or detailed to provide insurance details.

This report is formatted to print at 132 columns for a detailed report.

Sample Screen

```
Summary or Detailed:// d  Detailed
To view what your facility sent to other VAMCs choose SENT.
To view what your facility received from other VAMCs choose RECEIVED.
Report Type - (S)ent or (R)eceived Report// r  Received

To know which records filed to buffer and which did not,
select "YES" to include processing status.
Include processing status? YES// y  YES

Receiving Date Range:
 Earliest Date Received: 6/11/2021//   (JUN 11, 2021)
 Latest Date Received:  TODAY//   (JUN 11, 2021)

Select Originating Facility: ALL//
(E)xcel Format or (R)eport Format: Report//

Select one of the following:
    D     Date Received
    P     Patient Name
    F     Facility Originated From
Sort the report by: d  Date Received
*** This report is 132 characters wide ***

DEVICE: HOME// ;132  HOME  (CRT)
```

Sample Output for a Summary Report

```
Interfacility Ins. Update Report-Summary        Mar 08, 2021@12:49:45  Page: 1
Date Range: 02/16/2021 - 03/08/2021                  Sent to other Facilities
-------------------------------------------------------------------------------


Total Number of Transmissions Sent                           4
Total Facilities                                             3
  BATTLE CREEK VAMC (XXX)                    2
  BECKLEY VAMC (XXX)                         1
  BEDFORD VAMC (XXX)                         1

                        *** END OF REPORT ***
```

Sample Output for a Detailed Report

```
Interfacility Ins. Update Report-Detail                              Oct 28, 2021@07:55:07  Page: 1
Date Range: 10/25/2021 - 10/28/2021        All Facilities, Received from other Facilities    Primary sort: Date

                     Last                              Originating    Date
Patient Name         4 SSN Insurance Company    Subscriber ID   COB Facility    Received Processing Statu s
---------------------------------------------------------------------------------------------------------
IBSUB,ACTIVE         XXXX AETNA                 XXXXXXXX         P  CHARLESTON  (XXX) 10/25/21 DUPLICATE
IBSUB,TWOTRLRS       XXXX MEDICARE (WNR)        XXXXXXXXXX          CHARLESTON  (XXX) 10/25/21 VISITED TOO LONG AGO
IBSUB,ACTIVE         XXXX AETNA                 XXXXXXXX         P  CW BILL YOU (XXX) 10/26/21 DUPLICATE
IBSUB,ACTIVE         XXXX AETNA                 XXXXXXXX         P  CW BILL YOU (XXX) 10/26/21 DUPLICATE
IBSUB,ACTIVE         XXXX CIGNA                 XXXXXXXX         S  CW BILL YOU (XXX) 10/26/21 DUPLICATE

                        *** END OF REPORT ***
```

6.31. Insurance Company Link Report

This report shows the relationship between the insurance companies in file #36 and the payers in file #365.12.

Sample Screen

```
Insurance Company Link Report
In order for an Insurance Company to be eligible for electronic insurance
eligibility communications via the eIV software, the Insurance Company
needs to be linked to an appropriate payer from the National EDI Payer list.
The National EDI Payer list contains the names of the payers that are
currently participating with the eIV process.
This report option provides information to assist with finding unlinked
insurance companies or payers, which can subsequently be linked through the
INSURANCE COMPANY EDIT option.

     Select one of the following:
          1          Unlinked insurance companies
          2          Linked insurance companies
Select type of insurance companies to display: // 2  Linked insurance companies

Enter an insurance company search keyword (RETURN for ALL): //

(E)xcel Format or (R)eport Format: Report//

     Select one of the following:
          1          Insurance Company Name
          2          Payer Name
          3          VA National Payer ID
Select the primary sort field: 1//   Insurance Company Name
*** This report is 132 characters wide ***
DEVICE: HOME//
```

Sample Output

```
Insurance Company Link Report                                        Mar 10, 2021@14:15:33  P  age: 1
                                       Linked Insurance Companies - ALL

Insurance Company:         # Active         eIV Nationally    IIU Nationally    eIV Locally      Prof/Inst EDI#
  Payer Name:              Groups    VA ID  Enabled           Enabled           Enabled
----------------------------------------------------------------------------------------------------------------
 AARP UNITEDHEALTHCARE        98    AARP HEALTHCARE OPTIONS CITYXXX, GA XXXXX -XXXX                XXXXX/XXXXX
   AARP HEALTH PLAN                 VAXXX     YES                                 YES             XXXXX/XXXXX
 ACORDIA                       1    PO BOX XXXX CITYXX, WV XXXXX                                   XXXXX/XXXXX
   WELLS FARGO THIRD PARTY(CHIP PE  VAXXX     YES                                 YES             XXXXX/XXXXX

 ACORDIA NATIONAL              7    PO BOX 3262 CITYXX, WV XXXXX                                   XXXXX/XXXXX
   WELLS FARGO THIRD PARTY(CHIP PE  VAXXX     YES                                 YES             XXXXX/XXXXX

 ADVANCE PCS                  13    PO BOX 686002 CITYXX, XX XXXXX                                 XXXXX/XXXXX
   AETNA                            VAX       YES                                 YES             XXXXX/XXXXX

 AETNA                       168    P.O. BOX 981106 CITYXX, TX XXXXX-XXXX                          XXXXX/XXXXX
   CIGNA                            VAXX      YES                                 YES             XXXXX/XXXXX

Type <Enter> to continue or '^' to exit:
```

6.32. Payer Link Report

To be eligible for electronic insurance eligibility communications via the eIV and IIU software, participating Insurance Companies must be linked to a payer from the National EDI Payer list. The National EDI Payer list contains the names of the payers that are currently participating with the eIV and IIU process.

This report provides information based on the relationship that the users set up in VistA between the insurance companies and the payers. This report can assist with finding insurance companies that are linked to the wrong payer. Also, the report can assist with identifying unlinked insurance companies or payers. Additionally, this report will indicate the payer locally active status.

This report shows the relationship between the insurance companies in file #36 and the payers in file #365.12.

Sample Screen

```
Payer Link Report

In order for an Insurance Company to be eligible for electronic insurance
eligibility communications via the eIV software or to transmit active insurance
to another VAMC via IIU, the Insurance Company needs to be linked to an
appropriate payer from the National EDI Payer list. The National EDI Payer
list contains the names of the payers that are currently participating with
the eIV and/or IIU process.

This report provides access to the following information:
    - A list of all payers with current eIV and IIU settings.
    - A list of all payers with associated linked insurance company detail.
    - A list of all payers with no insurance companies linked.

Include deactivated payers? YES//
Select a Payer (RETURN for ALL Payers):
(E)xcel Format or (R)eport Format: Report//

eIV Payer list - displays those payers who can send and receive
                 HIPAA 270/271 transactions for verification.
IIU Payer list - displays those payers who are              eligible to exchange
                 between VAMCs for active insurance.
Both           - includes any payer that is defined as either eIV or IIU
                 or both applications.

     Select one of the following:
          1         eIV Payer List
          2         IIU Payer List
          3         Both
Select a report option: 3//   Both

     Select one of the following:
          1         Unlinked Payers
          2         Linked Payers
          3         ALL Payers
Select the type of payers to display: 3//   ALL Payers

      Select one of the following:

          1         List linked insurance company detail
          2         Do not list linked insurance company detail
Select company detail option: 1//   List linked insurance company detail

     Select one of the following:
          1         Payer Name
          2         VA National Payer ID
          3         Nationally Enabled Status
          4         Locally Enabled Status
          5         # of Linked Insurance Companies
Select the primary sort field: 1//   Payer Name

*** This report is 132 characters wide ***

DEVICE: HOME//
```

Sample Output

```
Payer Link Report              All EIV Payers, With Ins. Co. Detail              Mar 25, 2021@10:09:04 Page: 1

                                 # Linked      Nationally        Locally       Auto       Prof/Inst.  Also
Payer Name:                VA ID   Ins. Co.    Enabled          Enabled        Update     EDI#        IIU
-----------------------------------------------------------------------------------------------------------
1199 NATIONAL BENEFIT FUND VAXXXX   0           YES              YES           NO         XXXXX/XXXXX NO
AARP HEALTH PLAN           VAXXX    1           YES              YES           YES        XXXXX/XXXXX NO
  Linked Insurance Companies    Address                   City, State, Zip code
  AARP UNITEDHEALTHCARE         AARP HEALTHCARE OPTIONS    CITY, GA XXXXX -XXXX              XXXXX/XXXXX
ACORDIA NATIONAL-MOHWK/HCKRY SPRVAXXXX  0       NO               YES           NO                      NO
ACS BENEFIT SERVICES       VAXXXX   0           YES              NO            NO         XXXXX/XXXXX NO
ADVANTRA (TX, NM, AZ)      VAXXX    0           YES              YES           NO         XXXXX/XXXXX  NO
AETNA                      VAX      41          YES              YES           YES        XXXXX/XXXXX YES
  Linked Insurance Companies    Address                   City, State, Zip code
  AETNA                         P.O. BOX XXXXXX           CITY, TX XXXXX-XXXX               XXXXX/XXXXX
  AETNA GLOBAL BENEFITS         PO BOX XXXX               CITY, FL XXXXX-XXXX
```

6.33. Coverage Limitations Report

This report generates a list of coverage limitations by company and group.

Sample Screen

```
Coverage Limitations Report

This report will generate a list of coverage limitations by company and
group. You must select one, multiple, or all insurance companies and anywhere
from one to all of the plans under each company. The results can be filtered
by coverage limitation status.

1 - List All 1293 Ins. Companies
2 - List Only Ins. Companies That You Select
     SELECT 1 or 2:  2  List Only Ins. Companies That You Select

1 - Select ACTIVE Insurance Companies
2 - Select INACTIVE Insurance Companies
3 - Select BOTH
     Select 1 or 2 or 3: 1// 1  ACTIVE

 1 - Select Insurance Companies that Begin with: XXX
 2 - Select Insurance Companies that Contain: XXX
 3 - Select Insurance Companies in Range: XXX - YYY
     Select 1, 2 or 3: 1// 2  Contains

     Select Insurance Companies that contain: aarp




Insurance Company Selection   Jan 04, 2022@09:44:41      Page:   1 of   1
Insurance Companies that contain: aarp
Showing Active Insurance Companies
0 Insurance Companies selected
     Name                        A/I    Street Address
1    AARP UNITEDHEALTHCARE        A     AARP HEALTHCARE OPTIONS
1>   AARP UNITEDHEALTHCARE        A
  AARP HEALTHCARE OPTIONS


       Enter ?? for more actions                                    >>>
SE  Select Ins Co       NE  New Search        SH  Show Selections
DE  Deselect Ins Co     EX  Exit
Select Action: Quit// SE   Select Ins Co
Select Insurance Company(s):  (1-1): 1
```

```
Insurance Company Selection   Jan 04, 2022@09:44:46       Page:   1 of   1
Insurance Companies that contain: aarp
Showing Active Insurance Companies
1 Insurance Companies selected
        Name                         A/I    Street Address
1>    AARP UNITEDHEALTHCARE             A     AARP HEALTHCARE OPTIONS


          Enter ?? for more actions                                      >>>
SE   Select Ins Co        NE   New Search        SH   Show Selections
DE   Deselect Ins Co      EX   Exit
Select Action: Quit//    QUIT


1 - List All 99 Group Plans
2 - List Only Group Plans That You Select
      SELECT 1 or 2:  1   List All 99 Group Plans

1 - Select ACTIVE Group Plans
2 - Select INACTIVE Group Plans
3 - Select BOTH
      Select 1 or 2 or 3: 1// 1   ACTIVE

1 - Select GROUP NAME
2 - Select GROUP NUMBER
3 - Select BOTH
      Select 1 or 2 or 3: 3   BOTH

1 - Select Group(s) that Begin with: XXX
2 - Select Group(s) that Contain: XXX
3 - Select Group(s) in Range: XXX - YYY
4 - Select Group(s) that are BLANK
      Select 1, 2, 3 or 4: 2   Contains

      Select Group(s) that contain: 1

1 - Select Coverage Status COVERED
2 - Select Coverage Status NOT COVERED
3 - Select Coverage Status CONDITIONAL
4 - Select Coverage Status BY DEFAULT (blank status)
5 - Show all Coverage Statuses
      Select 1, 2, 3, 4 or 5: 5   ALL

(E)xcel Format or (R)eport Format: Report//

We recommend you queue this report as it will take awhile.

*** You will need a 132 column printer for this report. ***

DEVICE: HOME// ;132   HOME  (CRT)
```

Sample Output

```
Coverage Limitations Report

COVERAGE LIMITATION REPORT                                                               JAN 04, 2022@10:08 Page: 1
-----------------------------------------------------------------------------------------------------------------
+ =>INDIV. PLAN    * => INACTIVE
Filters: Selected Insurances, All Group Plans, Contains = 1, All Coverage Statuses


COMPANY       GROUP NAME           GROUP NUMBER       CATEGORY                EFFECTIVE DATE   COVERED?     LIMIT COMENTS?
AARP UNITEDHEALTHCARE                AARP HEALTHCARE OPTIONS, CITY, GA XXXXX-XXXX
              GROUP NAME           GRP NUM XXXX      << MEDIGAP PLAN F >>
                                                     INPATIENT                                CONDITIONAL  YES
                                                     OUTPATIENT                               BY DEFAULT
                                                     PHARMACY                01/01/2001       NO
                                                     DENTAL                                   BY DEFAULT
                                                     MENTAL HEALTH                            BY DEFAULT
                                                     LONG TERM CARE                           BY DEFAULT
                                                     PROSTHETICS                              BY DEFAULT
```

```
                                     VISION                              BY DEFAULT

        <NO GROUP NAME>      GRP NUM XXX      << MEDIGAP PLAN C >>
                                             INPATIENT                    BY DEFAULT
                                             OUTPATIENT                   BY DEFAULT
                                             PHARMACY         06/01/1993  NO
                                             DENTAL                       BY DEFAULT

Type <Enter> to continue or '^' to exit:
```

7.   Billing Supervisor Menu

*Documentation for the Unbilled Amounts Menu, which was released to the field as patch IB*2*19, has been included in this section of the manual as a matter of convenience. The Unbilled Amounts Menu [IBT UNBILLED MENU] need not be assigned to the Billing Supervisor Menu. It may be assigned to any menu in Integrated Billing, or to a user's secondary menu, as deemed appropriate by IRMS.

7.1.   Insurance Buffer Activity

This report provides a summary of the activity within the Insurance Buffer for a specified date range. Counts, percentages, and average processing times are included for both processed and unprocessed entries. The report can be printed with totals only or by month within the selected date range.

Sample Output

```
INS BUFFER ACTIVITY REPORT   Apr 17, 2001 - Nov 05, 2001 11/5/21 11:06 PAGE 1
--------------------------------------------------------------------------
                                   TOTALS
                                     AVERAGE      LONGEST      SHORTEST
STATUS               COUNT   PERCENT  # DAYS       # DAYS       # DAYS
--------------------------------------------------------------------------
ENTERED                24    66.6%    39.0         146.0        0.0
ACCEPTED                5    13.8%    22.6         108.9        0.2
REJECTED                7    19.4%    62.6         146.0        3.0
--------------------------------------------------------------------------
NOT PROCESSED          24    66.6%    37.3         146.0        0.0
PROCESSED              12    33.3%    42.8         146.0        0.2
TOTAL                  36   100.0%    39.0         146.0        0.0

  0 New Companies (0%), 1 New Group/Plans (2%), 1 New Patient Policy (2%)
```

7.2.   Management Reports (Billing) Menu

7.2.1.   Statistical Report (IB)

This report lists the total number of Integrated Billing actions by action type along with the total charge by type for a date range. Integrated Billing actions include inpatient copayments by treating specialty, inpatient and NHCU per diems; and NHCU, outpatient, and pharmacy copayments.

Net statistics compute the current status for each new entry in the selected date range to calculate the net totals. Net totals are derived from the last update for a parent (even when the update is not within the date range) using the following formula: new entries (+) updates within the date range (-) cancellations.

The gross statistics count only the entries in the date range. It is possible that the net and gross statistics may not match. For example, if a charge was cancelled after the selected date range of the report but before the report ran, the net figures would reflect this, but the gross figures would not.

Sample Output

INTEGRATED BILLING STASTICAL REPORT

```
                              INTEGRATED BILLING STATISTICAL REPORT
                                               for
                                       CHEYENNE VAMC (XXX)
                                      From: JAN 01, 2018
                                       To: OCT 25, 2018
                                    Date Printed: OCT 25, 2018
                                            Page: 1
                              -------------------------
                              NET TOTALS BY ACTION TYPE
                                 (INPT) NEW
                               NUMBER ENTRIES: 6
                               DOLLAR AMOUNT: $4389.4
                                  (OPT) NEW
                               NUMBER ENTRIES: 9
                               DOLLAR AMOUNT: $275
                              (PER DIEM) NEW
                               NUMBER ENTRIES: 3
                               DOLLAR AMOUNT: $252
                                   (RX) NEW
                               NUMBER ENTRIES: 13
                               DOLLAR AMOUNT: $173
                              MTF (INPT) NEW
                               NUMBER ENTRIES: 14
                               DOLLAR AMOUNT: $8049.2
                               MTF (OPT) NEW
                               NUMBER ENTRIES: 5
                               DOLLAR AMOUNT: $113
                              MTF (PER DIEM) NEW
                               NUMBER ENTRIES: 5
                               DOLLAR AMOUNT: $350
                               MTF (RX) NEW
                               NUMBER ENTRIES: 6
                               DOLLAR AMOUNT: $127
                                 (INPT) NEW
                               NUMBER ENTRIES: 2
                               DOLLAR AMOUNT: $2400
                                  (OPT) NEW
                               NUMBER ENTRIES: 3
                               DOLLAR AMOUNT: $115
                              (PER DIEM) NEW
                               NUMBER ENTRIES: 2
                               DOLLAR AMOUNT: $30
                                   (RX) NEW
                               NUMBER ENTRIES: 10
                               DOLLAR AMOUNT: $164
                                 (INPT) NEW
                               NUMBER ENTRIES: 4
                               DOLLAR AMOUNT: $3880.2
                                  (OPT) NEW
                               NUMBER ENTRIES: 2
                               DOLLAR AMOUNT: $65
                              (PER DIEM) NEW
                               NUMBER ENTRIES: 3
```

```
                                        DOLLAR AMOUNT: $100
                                              (RX) NEW
                                        NUMBER ENTRIES: 8
                                        DOLLAR AMOUNT: $174
                        FEE SERVICE (OPT) NEW
                                        NUMBER ENTRIES: 2
                                        DOLLAR AMOUNT: $30
                         INPT COPAY (MED) NEW
                                        NUMBER ENTRIES: 13
                                        DOLLAR AMOUNT: $10268
                            INPT PER DIEM NEW
                                        NUMBER ENTRIES: 5
                                        DOLLAR AMOUNT: $10900
                            LTC INPT NHCU NEW
                                        NUMBER ENTRIES: 2
                                        DOLLAR AMOUNT: $1166
                               OPT COPAY NEW
                                        NUMBER ENTRIES: 5
                                        DOLLAR AMOUNT: $215
                       TRICARE INPT COPAY NEW
                                        NUMBER ENTRIES: 2
                                        DOLLAR AMOUNT: $190
                        TRICARE OPT COPAY NEW
                                        NUMBER ENTRIES: 4
                                        DOLLAR AMOUNT: $67
                         TRICARE RX COPAY NEW
                                        NUMBER ENTRIES: 3
                                        DOLLAR AMOUNT: $42
                        SERV NSC RX COPAY NEW
                                        NUMBER ENTRIES: 0
                                        DOLLAR AMOUNT: $0
                              CC INPT CNH NEW
                                        NUMBER ENTRIES: 1
                                        DOLLAR AMOUNT: $2037
                          CC INPT RESPITE NEW
                                        NUMBER ENTRIES: 1
                                        DOLLAR AMOUNT: $3007
                              CC OPT ADHC NEW
                                        NUMBER ENTRIES: 4
                                        DOLLAR AMOUNT: $60
                           CC OPT RESPITE NEW
                                        NUMBER ENTRIES: 4
                                        DOLLAR AMOUNT: $165
                             CCN INPT CNH NEW
                                        NUMBER ENTRIES: 3
                                        DOLLAR AMOUNT: $3652
                         CCN INPT RESPITE NEW
                                        NUMBER ENTRIES: 2
                                        DOLLAR AMOUNT: $3483
                             CCN OPT ADHC NEW
                                        NUMBER ENTRIES: 3
                                        DOLLAR AMOUNT: $80
                          CCN OPT RESPITE NEW
                                        NUMBER ENTRIES: 1
                                        DOLLAR AMOUNT: $50
                          CHOICE INPT CNH NEW
                                        NUMBER ENTRIES: 1
                                        DOLLAR AMOUNT: $2716
                      CHOICE INPT RESPITE NEW
                                        NUMBER ENTRIES: 1
                                        DOLLAR AMOUNT: $3007
                          CHOICE OPT ADHC NEW
                                        NUMBER ENTRIES: 3
```

```
                                 DOLLAR AMOUNT: $115
                  CHOICE OPT RESPITE NEW
                         NUMBER ENTRIES: 3
                         DOLLAR AMOUNT: $80
                     NSC RX COPAY NEW
                         NUMBER ENTRIES: 2
                         DOLLAR AMOUNT: $36
                      SC RX COPAY NEW
                         NUMBER ENTRIES: 0
                         DOLLAR AMOUNT: $0
                     GROSS TOTALS BY ACTION TYPE
                           (INPT) NEW
                         NUMBER ENTRIES: 9
                         DOLLAR AMOUNT: $7108.6
                            (OPT) NEW
                         NUMBER ENTRIES: 11
                         DOLLAR AMOUNT: $305
                     (PER DIEM) NEW
                         NUMBER ENTRIES: 5
                         DOLLAR AMOUNT: $302
                             (RX) NEW
                         NUMBER ENTRIES: 34
                         DOLLAR AMOUNT: $849
                     MTF (INPT) NEW
                         NUMBER ENTRIES: 14
                         DOLLAR AMOUNT: $8049.2
                      MTF (OPT) NEW
                         NUMBER ENTRIES: 6
                         DOLLAR AMOUNT: $163
                   MTF (PER DIEM) NEW
                         NUMBER ENTRIES: 5
                         DOLLAR AMOUNT: $350
                      MTF (RX) NEW
                         NUMBER ENTRIES: 9
                         DOLLAR AMOUNT: $193
                           (INPT) NEW
                         NUMBER ENTRIES: 2
                         DOLLAR AMOUNT: $2400
                            (OPT) NEW
                         NUMBER ENTRIES: 3
                         DOLLAR AMOUNT: $115
                     (PER DIEM) NEW
                         NUMBER ENTRIES: 2
                         DOLLAR AMOUNT: $30
                             (RX) NEW
                         NUMBER ENTRIES: 10
                         DOLLAR AMOUNT: $164
                           (INPT) NEW
                         NUMBER ENTRIES: 5
                         DOLLAR AMOUNT: $4112.4
                            (OPT) NEW
                         NUMBER ENTRIES: 5
                         DOLLAR AMOUNT: $145
                     (PER DIEM) NEW
                         NUMBER ENTRIES: 4
                         DOLLAR AMOUNT: $150
                             (RX) NEW
                         NUMBER ENTRIES: 9
                         DOLLAR AMOUNT: $184
                  FEE SERVICE (OPT) NEW
                         NUMBER ENTRIES: 3
                         DOLLAR AMOUNT: $45
                   INPT COPAY (MED) NEW
```

```
                                   NUMBER ENTRIES: 13
                                   DOLLAR AMOUNT: $10268
                        INPT PER DIEM NEW
                                   NUMBER ENTRIES: 6
                                   DOLLAR AMOUNT: $10910
                        LTC INPT NHCU NEW
                                   NUMBER ENTRIES: 2
                                   DOLLAR AMOUNT: $1166
                          OPT COPAY NEW
                                   NUMBER ENTRIES: 16
                                   DOLLAR AMOUNT: $765
                   TRICARE INPT COPAY NEW
                                   NUMBER ENTRIES: 4
                                   DOLLAR AMOUNT: $316
                    TRICARE OPT COPAY NEW
                                   NUMBER ENTRIES: 8
                                   DOLLAR AMOUNT: $340
                     TRICARE RX COPAY NEW
                                   NUMBER ENTRIES: 9
                                   DOLLAR AMOUNT: $634
                    SERV NSC RX COPAY NEW
                                   NUMBER ENTRIES: 4
                                   DOLLAR AMOUNT: $32
                          CC INPT CNH NEW
                                   NUMBER ENTRIES: 1
                                   DOLLAR AMOUNT: $2037
                       CC INPT RESPITE NEW
                                   NUMBER ENTRIES: 2
                                   DOLLAR AMOUNT: $3580
                          CC OPT ADHC NEW
                                   NUMBER ENTRIES: 5
                                   DOLLAR AMOUNT: $75
                        CC OPT RESPITE NEW
                                   NUMBER ENTRIES: 4
                                   DOLLAR AMOUNT: $165
                         CCN INPT CNH NEW
                                   NUMBER ENTRIES: 3
                                   DOLLAR AMOUNT: $3652
                      CCN INPT RESPITE NEW
                                   NUMBER ENTRIES: 2
                                   DOLLAR AMOUNT: $3483
                         CCN OPT ADHC NEW
                                   NUMBER ENTRIES: 3
                                   DOLLAR AMOUNT: $80
                       CCN OPT RESPITE NEW
                                   NUMBER ENTRIES: 1
                                   DOLLAR AMOUNT: $50
                      CHOICE INPT CNH NEW
                                   NUMBER ENTRIES: 3
                                   DOLLAR AMOUNT: $3902
                   CHOICE INPT RESPITE NEW
                                   NUMBER ENTRIES: 3
                                   DOLLAR AMOUNT: $4153
                      CHOICE OPT ADHC NEW
                                   NUMBER ENTRIES: 4
                                   DOLLAR AMOUNT: $130
                    CHOICE OPT RESPITE NEW
                                   NUMBER ENTRIES: 4
                                   DOLLAR AMOUNT: $130
                         NSC RX COPAY NEW
                                   NUMBER ENTRIES: 2
                                   DOLLAR AMOUNT: $36
                          SC RX COPAY NEW
```

```
                                         NUMBER ENTRIES: 2
                                         DOLLAR AMOUNT: $16
                                        (INPT) CANCEL
                                         NUMBER ENTRIES: 3
                                         DOLLAR AMOUNT: $2719.2
                                        (OPT) CANCEL
                                         NUMBER ENTRIES: 2
                                         DOLLAR AMOUNT: $30
                                    (PER DIEM) CANCEL
                                         NUMBER ENTRIES: 2
                                         DOLLAR AMOUNT: $50
                                         (RX) CANCEL
                                         NUMBER ENTRIES: 21
                                         DOLLAR AMOUNT: $676
                              MTF (OPT) CANCEL
                                         NUMBER ENTRIES: 1
                                         DOLLAR AMOUNT: $50
                               MTF (RX) CANCEL
                                         NUMBER ENTRIES: 3
                                         DOLLAR AMOUNT: $66
                                        (INPT) CANCEL
                                         NUMBER ENTRIES: 1
                                         DOLLAR AMOUNT: $232.2
                                        (OPT) CANCEL
                                         NUMBER ENTRIES: 4
                                         DOLLAR AMOUNT: $95
                                    (PER DIEM) CANCEL
                                         NUMBER ENTRIES: 1
                                         DOLLAR AMOUNT: $50
                                         (RX) CANCEL
                                         NUMBER ENTRIES: 1
                                         DOLLAR AMOUNT: $10
                        FEE SERVICE (INPT) CANCEL
                                         NUMBER ENTRIES: 12
                                         DOLLAR AMOUNT: $11767.2
                         FEE SERVICE (OPT) CANCEL
                                         NUMBER ENTRIES: 14
                                         DOLLAR AMOUNT: $280
                          INPT COPAY (MED) CANCEL
                                         NUMBER ENTRIES: 5
                                         DOLLAR AMOUNT: $6048
                            INPT PER DIEM CANCEL
                                         NUMBER ENTRIES: 7
                                         DOLLAR AMOUNT: $166
                          LTC FEE OPT ADHC CANCEL
                                         NUMBER ENTRIES: 3
                                         DOLLAR AMOUNT: $45
                            LTC INPT NHCU CANCEL
                                         NUMBER ENTRIES: 1
                                         DOLLAR AMOUNT: $52
                          LTC INPT RESPITE CANCEL
                                         NUMBER ENTRIES: 2
                                         DOLLAR AMOUNT: $776
                              OPT COPAY CANCEL
                                         NUMBER ENTRIES: 16
                                         DOLLAR AMOUNT: $730
                        TRICARE INPT COPAY CANCEL
                                         NUMBER ENTRIES: 4
                                         DOLLAR AMOUNT: $291
                         TRICARE OPT COPAY CANCEL
                                         NUMBER ENTRIES: 5
                                         DOLLAR AMOUNT: $285
                          TRICARE RX COPAY CANCEL
```

```
                                  NUMBER ENTRIES: 6
                                  DOLLAR AMOUNT: $592
                   SERV INPT PER DIEM CANCEL
                                  NUMBER ENTRIES: 9
                                  DOLLAR AMOUNT: $240
                     SERV NSC RX COPAY CANCEL
                                  NUMBER ENTRIES: 5
                                  DOLLAR AMOUNT: $43
                       CC INPT RESPITE CANCEL
                                  NUMBER ENTRIES: 1
                                  DOLLAR AMOUNT: $573
                           CC OPT ADHC CANCEL
                                  NUMBER ENTRIES: 1
                                  DOLLAR AMOUNT: $15
                        CHOICE INPT CNH CANCEL
                                  NUMBER ENTRIES: 2
                                  DOLLAR AMOUNT: $1186
                    CHOICE INPT RESPITE CANCEL
                                  NUMBER ENTRIES: 2
                                  DOLLAR AMOUNT: $1146
                       CHOICE OPT ADHC CANCEL
                                  NUMBER ENTRIES: 1
                                  DOLLAR AMOUNT: $15
                     CHOICE OPT RESPITE CANCEL
                                  NUMBER ENTRIES: 1
                                  DOLLAR AMOUNT: $50
                         NSC RX COPAY CANCEL
                                  NUMBER ENTRIES: 1
                                  DOLLAR AMOUNT: $24
                          SC RX COPAY CANCEL
                                  NUMBER ENTRIES: 2
                                  DOLLAR AMOUNT: $16
                                  (OPT) UPDATE
                                  NUMBER ENTRIES: 1
                                  DOLLAR AMOUNT: $15
                      FEE SERVICE (OPT) UPDATE
                                  NUMBER ENTRIES: 1
                                  DOLLAR AMOUNT: $15
                     SERV NSC RX COPAY UPDATE
                                  NUMBER ENTRIES: 1
                                  DOLLAR AMOUNT: $11
                                     ADMISSION
                                  NUMBER ENTRIES: 1
                                  DOLLAR AMOUNT: $0
                                     ADMISSION
                                  NUMBER ENTRIES: 17
                                  DOLLAR AMOUNT: $0
                                     ADMISSION
                                  NUMBER ENTRIES: 3
                                  DOLLAR AMOUNT: $0
```

7.2.2.   Most used Outpatient CPT Codes

This option will list the most common ambulatory procedures and ambulatory surgeries performed within a date range for selected clinic(s). This list may be used to help select which codes to include when building CPT check-off sheets through the Build CPT Check-off Sheet option under the Ambulatory Surgery Maintenance Menu.

The user can sort by clinic or procedure. When sorting by procedure, also include full procedure descriptions.

All reports provide the CPT code and procedure, a count of each procedure that has been entered for a clinic visit, number billed, the OPC status, and charge amount. The status and charge amount given are as of the current date. If no charge amount is shown, the procedure is not a billable procedure.

This output requires 132 column margin width.

Depending on the date range chosen, this report could be quite lengthy. Queue this to print during non-work hours.

Sample Output

```
CLINIC CPT USAGE FOR JAN 1,1991 - JAN 1,1992                              APR 16, 1992  11:22   PAGE 1
ALL DIVISIONS AND CLINICS
AMBULATORY PROCEDURE                                   COUNT  #BILLED  OPC STATUS CHARGE
-------------------------------------------------------------------------------------------------------
XXXXX  REMOVE FOREIGN BODY                               38      38   NATIONALLY ACTIVE 256.50
       INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;
       COMPLICATED
XXXXX  SURGICAL CLEANSING OF SKIN                        56           NATIONALLY ACTIVE
       DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF
       BODY SURFACE
XXXXX  REPAIR OF WOUND OR LESION                         89      34   NATIONALLY ACTIVE 394.20
       REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND / OR LIPS; 2.6 CM TO 7.5 CM
XXXXX  AMPUTATION FOLLOW-UP SURGERY                      29                   394.20
       AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION
XXXXX  REPAIR LIP                                         1       1   NATIONALLY ACTIVE 394.20
       REPAIR LIP, FULL THICKNESS; OVER ONE HALF VERTICAL HEIGHT, OR
       COMPLEX
XXXXX  REMOVE FOREIGN BODY FROM EYE                      18      15   INACTIVE   343.80
       REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS
XXXXX  INCISION, SECONDARY CATARACT                      36           NATIONALLY ACTIVE
       DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR
       LENS CAPSULE AND / OR ANTERIOR HYALOID; STAB INCISION TECHNIQUE
       (ZIEGLER OR WHEELER KNIFE)
XXXXX  BONE MARROW BIOPSY                                12           NATIONALLY ACTIVE
       BONE MARROW BIOPSY, NEEDLE OR TROCAR;
```

7.2.3.   Insurance Buffer Employee

This report provides a summary of entries and actions in the Insurance Buffer by employee for a specified date range. It can be printed for those employees who create buffer entries (primarily non-insurance personnel) or for those employees who verify and process (accept/reject) buffer entries (primarily insurance personnel). The report can also be printed for one specific employee or all employees. Counts, percentages, and average processing times are included and can be printed with totals only or by month.

Sample Output

```
INS BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 1
-------------------------------------------------------------------------------
                        LASTNAME, FIRSTNAME  TOTALS
                                      AVERAGE        LONGEST        SHORTEST
STATUS              COUNT    PERCENT   # DAYS         # DAYS         # DAYS
-------------------------------------------------------------------------------
ACCEPTED                2     25.0%      0.0            0.2            0.2
REJECTED                6     75.0%     72.5          146.0           21.7
TOTAL                   8    100.0%     72.5          146.0            0.2
  0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (12%)



INSURANCE BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 2
-------------------------------------------------------------------------------
                        LASTNAME, FIRSTNAME   TOTALS
```

```
                                         AVERAGE      LONGEST      SHORTEST
STATUS                COUNT   PERCENT    # DAYS       # DAYS       # DAYS
--------------------------------------------------------------------------
ACCEPTED                  8    88.8%      105.0        105.0        105.0
REJECTED                  1    11.1%        0.0          3.0          3.0
TOTAL                     9   100.0%      105.0        105.0          3.0
  0 New Companies (0%), 2 New Group/Plans (22%), 0 New Patient Policies (0%)



INSURANCE BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 3
--------------------------------------------------------------------------
                              TOTALS
                                         AVERAGE      LONGEST      SHORTEST
STATUS                COUNT   PERCENT    # DAYS       # DAYS       # DAYS
--------------------------------------------------------------------------
ACCEPTED                 10    58.8%       22.6        108.9          0.2
REJECTED                  7    41.1%       62.6        146.0          3.0
TOTAL                    17   100.0%       39.0        108.9          0.2
  0 New Companies (0%), 2 New Group/Plans (11.7%), 1 New Patient Policies (5%)
```

7.2.4. 0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (20%)Clerk Productivity

The Clerk Productivity option allows the user to print a report for bills entered, authorized, or printed within a selected date range. The report is sorted alphabetically by the clerk who first entered, authorized, or printed the bill.

The user can print either a full or summary report. If the user selects print a full report, select specific clerk(s) and rate type(s) to include.

A summary report will list the clerk, rate type, and the count and dollar amount of bills entered for each rate type for each clerk. A subtotal is provided for each clerk. The total amount for the report is also displayed.

The full report will list the clerk, rate type, date entered, current status, bill number, total charges, patient name, and patient ID for each bill included on the report. The full report should be printed at 132 column margin width.

Depending on the date range and other specifications opted for, this report could be quite lengthy. Queue the report to print during off hours.

Sample Output

```
CLERK PRODUCTIVITY REPORT FOR JUN 1,1995 - NOV 26,1995   NOV 26,1995  13:02    PAGE 1
                                                              BILL    TOTAL
ENTERED/EDITED BY      RATE TYPE         DATE ENTERED  CURRENT STATUS   NUMBER     AMOUNT  NAME
PATIENT ID
--------------------------------------------------------------------------
JOHN                   REIMBURSABLE INS.  NOV 10,1995   ENTERED/NOT REV  XXXXXX IBpatient,one
XXX-XX-XXXX
                       REIMBURSABLE INS.  NOV 17,1995   ENTERED/NOT REV  XXXXXX IBpatient,two
XXX-XX-XXXX
                       REIMBURSABLE INS.  NOV 17,1995   ENTERED/NOT REV  XXXXXX IBpatient,three
XXX-XX-XXXX
                                                                        ------- ---------
SUBTOTAL                                                                            0.00
SUBCOUNT                                                                  3
ANDREW                 REIMBURSABLE INS.  SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,one
XXX-XX-XXXX
                       REIMBURSABLE INS.  SEP  7,1995   AUTHORIZED       XXXXXX  00.00
IBpatient,two          XXX-XX-XXXX
```

```
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV   XXXXXX IBpatient,three
XXX-XX-XXXX
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV   XXXXXX IBpatient,four
XXX-XX-XXXX
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV   XXXXXX IBpatient,five
XXX-XX-XXXX
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV   XXXXXX IBpatient,six
XXX-XX-XXXX
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV   XXXXXX IBpatient,seven
XXX-XX-XXXX
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV   XXXXXX IBpatient,eight
XXX-XX-XXXX
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV   XXXXXX IBpatient,nine
XXX-XX-XXXX
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV   XXXXXX IBpatient,ten
XXX-XX-XXXX
                    REIMBURSABLE INS.   NOV 23,1995   ENTERED/NOT REV   XXXXXX IBpatient,one
XXX-XX-XXXX
                    REIMBURSABLE INS.   NOV 25,1995   ENTERED/NOT REV   XXXXXX IBpatient,two
XXX-XX-XXXX
                                                                       ------- ---------
SUBTOTAL                                                                         5000.00
SUBCOUNT                                                                12
CHARLES             REIMBURSABLE INS.   SEP 28,1995   ENTERED/NOT REV   XXXXXX IBpatient,one
XXX-XX-XXXX
                                                                       ------- ---------
SUBTOTAL                                                                            0.00
SUBCOUNT                                                                1
PAUL                REIMBURSABLE INS.   SEP 10,1995   AUTHORIZED        XXXXXX  163.00
IBpatient,two       XXX-XX-XXXX
                                                                       ------- ---------
SUBTOTAL                                                                          163.00
SUBCOUNT                                                                1
LINDA               REIMBURSABLE INS.   JUN 10,1995   ENTERED/NOT REV   XXXXXX IBpatient,three
XXX-XX-XXXX
                    REIMBURSABLE INS.   JUN 10,1995   ENTERED/NOT REV   XXXXXX  163.00
IBpatient,four      XXX-XX-XXXX
                                                                       ------- ---------
SUBTOTAL                                                                          163.00
SUBCOUNT                                                                2
BETH                REIMBURSABLE INS.   SEP 15,1995   CANCELLED         XXXXXX     163.00
IBpatient,five       XXX-XX-XXXX
                                                                       ------- ---------
SUBTOTAL                                                                          163.00
SUBCOUNT                                                                1
                                                                       ------- ---------
TOTAL                                                                            5489.00
COUNT                                                                  20
```

7.2.5.   Rank Insurance Carriers By Amount Billed

The Rank Insurance Carriers By Amount Billed option is used to generate a listing of insurance carriers ranked by the total amount billed. The user will be prompted for a date range from which bills should be selected and the number of carriers to be ranked.

> *NOTE:*   *Insurance carriers that have been inactivated will be flagged as such on this report. If an inactivated company is associated with an active company to which all patients' policies have been recorded, the amount billed to the inactive company is credited to the active company.*

This option no longer allows the user to transmit the report to the MCCR Program Office. Now, the IRM Service has the capability to transmit the report electronically to the Program Office. A patch will be issued with specific instructions should this report be required to be transmitted.

Sample Output

```
      Ranking Of The Top 9 Insurance Carriers By Total Amount Billed
  Facility: ALBANY (XXX)                              Run Date: 05/24/95
Date Range: 10/01/93 thru 05/24/95                            Page: 1
                                        ** - denotes an inactive company
=========================================================================
 Rank              Insurance Carrier               Total Amt Billed
=========================================================================
  1.            HEALTH INSURANCE LTD.                  $215,868.78
                  23 3RD ST
                  Suite 450
                  ANYTOWN, NEW YORK   12181
  2.            ABC INS                                 $35,843.63
                  123 Ave Of The Moons
                  ANYTOWN, CALIFORNIA   00098
  3.            GHI                                      $4,902.00
                  675 THIRD AVE
                  ANYTOWN, NEW YORK   12345
  4.            ABC INS                                  $4,048.06
                  789 UBIQUITOUS STREET
                  ANYTOWN, UTAH   44432
  5.            ABC INS                                  $3,153.24
                  567 RAIN AVE.
                  ANYTOWN, IOWA   33321
  6.            XYZ INS                                  $2,862.43
                  123 MAIN STREET
                  ANYTOWN, NEW YORK   33343
  7.            ABC INS                                  $1,576.00
                  123 MASON STREET
                  ANYTOWN, NEW YORK   11234
  8.            STRAIT INSURANCE                           $950.00
                  98 PARK AVE
                  ANYTOWN, TEXAS   43222
  9.            TRAVELERS-RICHMOND                         $482.69
                  1234 THOMAS ST.
                  ANYTOWN, VIRGINIA   12345
Total Amount Billed to all Ranked Carriers:         $269,686.83
```

7.2.6. Billing Rates List

The Billing Rates List option will print a list of billing rates for a selected date range. It is an efficient way to verify that all billing rate entries have been entered correctly.

The output generated by this option displays the CHAMPVA, Health Care Finance Administration (HCFA) ambulatory surgery rates, Medicare deductible, and copayments. The effective date, amount (basic rate), and additional amount will be shown for each rate, if applicable. Certain ambulatory surgeries may be billed at the HCFA rate. The amount shown (if any) in the "Additional Amount" column is an extra amount that may be charged for all procedures within that rate group. The amount shown under "Inpatient Per Diem" and "NHCU Per Diem" is the daily charge for Category C patients.

Any billing rate that is effective for any date within the selected range is displayed. If more than one rate was effective within the date range, both rates are displayed.

Sample Output

```
JUN 11,1997       ***Billing Rates Listing***                  PAGE 1
                          Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
CHAMPVA LIMIT
  Effective Date      Amount    Additional Amount
  OCT 01, 1991        $25
CHAMPVA SUBSISTENCE
  Effective Date      Amount    Additional Amount
  OCT 01, 1994        $9.50
HCFA AMB. SURG. RATE 1
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $285
HCFA AMB. SURG. RATE 2
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $382
Sample Output
JUN 11,1997       ***Billing Rates Listing***                  PAGE 2
                          Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
HCFA AMB. SURG. RATE 3
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $438
HCFA AMB. SURG. RATE 4
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $539
HCFA AMB. SURG. RATE 5
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $615
HCFA AMB. SURG. RATE 6
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $580      $200
JUN 11,1997       ***Billing Rates Listing***                  PAGE 3
                          Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
HCFA AMB. SURG. RATE 7
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $853
HCFA AMB. SURG. RATE 8
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $705      $200
HCFA AMB. SURG. RATE 9
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $0
INPATIENT PER DIEM
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $10
Sample Output
JUN 11,1997       ***Billing Rates Listing***                  PAGE 4
                          Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
MEDICARE DEDUCTIBLE
  Effective Date      Amount    Additional Amount
  JAN 01, 1996        $736
NHCU PER DIEM
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $5
```

```
NSC PHARMACY COPAY
  Effective Date      Amount     Additional Amount
  OCT 01, 1992        $2
  JUN 09, 1997        $5.00       $2.00
SC PHARMACY COPAY
  Effective Date      Amount     Additional Amount
  OCT 01, 1990        $2
```

7.2.7. Revenue Code Totals by Rate Type

The Revenue Code Totals by Rate Type option prints the total amount billed by revenue code for a selected rate type and date range.

Circular 10-91-012 requires that revenue code 100 be used for the $10.00 hospital per diem and revenue code 550 be used for the $5.00 nursing home per diem. The purpose of this report is to allow sites to calculate the total amount billed for $5 (revenue code 550) and $10 (revenue code 100) Means Test per diems for input to Automated Management Information System (AMIS) segments 295 and 296.

Print a list of all revenue codes (for the date range) with the associated patient name, patient ID, bill #, and individual amount or a summary list that provides the total amount and total number of bills for each code.

> **NOTE:** *Because more than one revenue code may appear on a bill, the total number of bills does not equal the sum of the number of bills containing a specific revenue code.*

Sample Output

```
Revenue Code Totals for MEANS TEST/CAT. C      JUN  3, 1992@15:34:31  PAGE1
For Bills First Printed JUN  1, 1992  to  JUN  3, 1992
Patient                Pt. ID.      Bill No.         Rev. Code       Amount
-------------------------------------------------------------------------
IBpatient,one          XXX-XX-XXXX    XXXXXX              510          $30.00
IBpatient,two          XXX-XX-XXXX    XXXXXX              100          $50.00
IBpatient,three        XXX-XX-XXXX    XXXXXX              001         $652.00
IBpatient,four         XXX-XX-XXXX    XXXXXX              550         $155.00
IBpatient,five         XXX-XX-XXXX    XXXXXX              100         $150.00
IBpatient,six          XXX-XX-XXXX    XXXXXX              550          $90.00
-------------------------------------------------
REVENUE CODE TOTALS
Revenue Code: 001 ..........        $652.00          1 Bills
Revenue Code: 100 ..........        $200.00          2 Bills
Revenue Code: 510                    $30.00          1 Bills
Revenue Code: 550                   $245.00          2 Bills
                                 --------------
                                  $1,127.00          6 Bills
```

7.2.8. Bill Status Report

The Bill Status Report option is used to print a listing of bills and bill status for a specified date range. The user can opt to include all statuses or a single status. The report may be sorted by the event date (date beginning the bill's episode of care), bill date (date the bill was initially printed) or entered date (date the bill was first entered).

The following data items will be provided in the first portion of the report for each bill listed: bill number, patient name and patient ID#, event date, initials of the person who entered the bill, rate

type, Means Test category, charges, and bill status with date of that status. If the user opts to sort by bill date or entered date, the bills are grouped for each date (billed or entered) of the selected range. The second portion of the report provides summary totals. The dollar amount and total number of bills for each bill type and for each status are included. Grand totals are also provided.

For bills that have been disapproved during the authorization process, the report will show *REVIEWED/DISAPP (will appear only for bills prior to this version of the IB software) or *AUTHORIZED/DISAPP after the status. The bill status will be followed by the initials of the user responsible for that status and his/her DUZ number. This is a number that uniquely identifies the user to the system. If a bill is pending (i.e., not printed or cancelled), the bill status will be preceded by an asterisk (*) on the report.

Sample Output

```
Date/Time Printed: DEC 16,1993@09:14
Medical Care Cost Recovery Bill Status Report for period covering JUN 1, 1993 through JUN 16,
1993                         Page 1
-------------------------------------------------------------------------------------
-------------------------------
                            EVENT      ENTRD          MT
BILL NO. PATIENT NAME       PT.ID DATE      BY    RATE TYPE   CATEGORY   CHARGES      BILL
STATUS
=====================================================================================
==================================
XXXXXX    IBpatient,one     XXXX  06/01/93  ARH   REIM INS-OPT  N/A      $936.40      *
AUTHORIZED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,two     XXXX  06/02/93  ARH   REIM INS-OPT  A        $442.20      *
AUTHORIZED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,three   XXXX  06/03/93  ARH   MT/CAT C-OPT  N/A      $30.00
PRINTED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,four    XXXX  06/03/93  ARH   REIM INS-OPT  R        $633.10
PRINTED 11/19/93 (XXX/XXXXX)
XXXXXX    IBpatient,five    XXXX  06/04/93  ARH   REIM INS-OPT  N/A      $623.60      *
AUTHORIZED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,six     XXXX  06/07/93  ARH   REIM INS-OPT  N/A      $0.00 * ENTERED
09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,seven   XXXX  06/07/93  ARH   CRIME-OPT     N/A      $0.00 *
AUTHORIZED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,eight   XXXX  06/09/93  ARH   REIM INS-OPT  N        $150.00      *
ENTERED 09/07/93 (XXX/XXXXX)
XXXXX    IBpatient,nine     XXXX  06/09/93  ARH   REIM INS-OPT  A        $128.00      *
ENTERED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,ten     XXXX  06/10/93  LR    REIM INS-OPT  N/A      $491.80      *
ENTERED 06/10/93 (LR/700)
* Denotes that the bill status is not Printed or Cancelled
Date/Time Printed: DEC 16,1993@09:14
Medical Care Cost Recovery Bill Status Report for period covering JUN 1, 1993 through JUN 16,
1993                         Page 2
-------------------------------------------------------------------------------------
-------------------------------
                                         REPORT STATISTICS
=====================================================================================
==================================
CRIME-OPT          ....................        $0.00          1  BILLS
MT/CAT C-OPT       ....................        $30.00         1  BILLS
REIM INS-OPT       ....................        $3,405.10      8  BILLS
                                          -----------------  ------------
                                          $3,435.10         10  BILLS
AUTHORIZED         ....................        $2,002.20      4  BILLS
ENTERED            ....................        $769.80        4  BILLS
PRINTED            ....................        $663.10        2  BILLS
                                          -----------------  ------------
                                          $3,435.10         10  BILLS
```

7.2.9.   Rate Type Billing Totals Report

The Rate Type Billing Totals Report option is used to obtain a listing of all billing totals for each rate type for a specified date range. The date range is selected by event date (the date beginning the bill's episode of care) or bill date (the date the bill was initially printed).

The report is generated in two sections. The first section divides all the bills for each rate type (Category C, Workman's Compensation, Tort Feasor, etc.) into the following categories: initiated, pending, printed, and cancelled. The exact number of bills and dollar amount for each category is provided. The total amounts (sum of all rate types) are also given for each category.

The second section of the report is a breakdown of all the pending billing records (the "pending" category in the first section). All the pending bills for each rate type are divided into the following categories: no action, reviewed, and authorized. The exact number of bills and the dollar amount for each category is provided. The total amounts (sum of all rate types) are also given for each category.

The margin width of this output is 132.

Sample Output

```
Date/Time Printed: JUL 14,1988@07:46
Billing Summary Report for period covering JAN 3,1988 through MAR 1,1988 (by Event Date)
_____
                       INITIATED    |    PENDING       |     PRINTED        |     CANCELLED
|
BILL TYPE          Number   Dollars| Number   Dollars| Number      Dollars| Number Dollars|
=============================================================================================
===
CRIME VICTIM        0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
DENTAL              1       $127.00 |   0        $0.00 |    0           $0.00 |   1 $127.00 |
HUMANITARIAN        1         $0.00 |   1        $0.00 |    0           $0.00 |   0 $0.00 |
INTERAGENCY         1     $7,200.00 |   0        $0.00 |    1       $7,200.00 |   0 $0.00 |
MEANS TEST/CAT. C  13   $11,964.00 |   8   $11,284.00 |    4         $160.00 |   1 $520.00 |
MEDICARE ESRD       1  $124,900.00 |   1  $124,900.00 |    0           $0.00 |   0 $0.00 |
NO FAULT INS.       0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
REIMBURSABLE INS.  20 $138,852.00 |   6  $12,190.00 |    8    $102,985.00 |   6 $23,677.00 |
SHARING AGREEMENT   0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
TORT FEASOR         0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
UNKNOWN             0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
WORKERS' COMP.      1     $2,250.00 |   0        $0.00 |    1       $2,250.00 |   0 $0.00 |
_____
TOTALS             38 $285,293.00 |  16 $148,374.00 |   14    $112,595.00 |   8 $24,324.00 |
Date/Time Printed: JUL 14,1988@07:46
Summary of Pending Bill Authorizations for period covering JAN 3,1988 through MAR 1,1988 (by
Event Date)
_____
                     TOTAL PENDING  |    NO ACTION     |     REVIEWED       |     AUTHORIZED
|
BILL TYPE          Number   Dollars| Number   Dollars| Number      Dollars| Number Dollars|
=============================================================================================
CRIME VICTIM        0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
DENTAL              0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
HUMANITARIAN        1         $0.00 |   1        $0.00 |    0           $0.00 |   0 $0.00 |
INTERAGENCY         0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
MEANS TEST/CAT. C   8   $11,284.00 |   3        $0.00 |    0           $0.00 |   5 $11,284.00 |
MEDICARE ESRD       1  $124,900.00 |   1  $124,900.00 |    0           $0.00 |   0 $0.00 |
NO FAULT INS.       0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
REIMBURSABLE INS.   6  $12,190.00 |   2        $0.00 |    3   $12,140.00 |   1 $50.00 |
SHARING AGREEMENT   0         $0.00 |   0        $0.00 |    0           $0.00 |   0 $0.00 |
```

```
TORT FEASOR          0       $0.00 |     0       $0.00 |     0        $0.00 |    0 $0.00 |
UNKNOWN              0       $0.00 |     0       $0.00 |     0        $0.00 |    0 $0.00 |
WORKERS' COMP.   0        $0.00 |      0       $0.00 |     0        $0.00 |    0 $0.00 |
_____
PENDING TOTALS      16 $148,374.00 |     7 $124,900.00 |     3    $12,140.00 |    6 $11,334.00 |
```

7.2.10. Insurance Payment Trend Report

This option allows the user to analyze payment trends among insurance companies and track receivables that are due to the facility. Many different criteria may be specified to limit the selection of bills such as rate type, inpatient or outpatient bills, open or closed bills, treatment dates, bill printed dates, and insurance companies.

The report may be run for a single insurance company or a range of companies. In addition, the user may analyze any specialized subset of bills by selecting an additional field from the BILL/CLAIMS file (#399) and specifying a range of values for that field.

The Insurance Payment Trend Report displays the Payer's Name / TIN in the Header on the Summary and Main reports using the Payer TIN and Name stored in the (835).

The Insurance Payment Trend Report displays the 835 indicator (%) in front of the Patient Name if an 835 (ERA) is attached to the reported claim.

Sample Output

```
REIMBURSABLE INS. PAYMENT TREND REPORT - OUTPATIENT BILLING      MAY 06, 2014 PAGE 1
DATE BILL PRINTED: 05/05/14 - 05/06/14
   Note: '*' after the Bill No. denotes a CLOSED bill
BILL        PATIENT                                    DATE     DATE BILL  #
   AMOUNT    AMOUNT       AMOUNT     AMOUNT    PERC
NUMBER      NAME (AGE)            BILL FROM  -  TO   PRINTED    CLOSED    DAYS
   BILLED   COLLECTED    UNPAID     PENDING   COLL
--------------------------------------------------------------------------------
                                                  M A I N   R E P O R T
               INSURANCE CARRIER: AARP/<PAYER TIN>
                         P.O. BOX 819
                      ANYTOWN, GEORGIA   30374018      Phone: XXX XXX-XXXX
Group #42
XXXXXX      %<Patient Name>  04/07/14 04/07/14  05/06/14  ACTIVE      0
   19.11       0.00       19.11      19.11     0.00
```

The user has the option to run a detailed report for all claims that meet the report criteria, or to print summary statistics only. The detailed report includes the bill number, patient name and age (as of the bill event date), bill from and to dates, date the bill was printed (authorized), date the bill closed, the number of days the bill has been open (the difference between the DATE PRINTED and the DATE BILL CLOSED fields), the amounts billed, collected, unpaid, remaining open, and percentage collected. The AMOUNT PENDING column has been added to differentiate the number of unpaid dollars and the number of dollars that are still pending collection. If the bill is not closed, the amount pending is the same as the amount unpaid. If the bill is closed (signified by an asterisk next to the bill number), the amount pending is zero.

The report is sorted alphabetically by insurance company name and a subtotal for number of bills, amount billed, amount collected, amount unpaid, amount pending, and percentage collected is given for each company. If the user opts only to print summary statistics, only these subtotals are printed. Also included, for either the detailed or summary report, are the grand totals for these categories. A margin width of 132 cols. is required for this output.

The DATE BILL CLOSED field will always have an entry. If the bill is not actually closed, the Accounts Receivable status of the bill will appear on the report in the DATE BILL CLOSED column. If a bill is closed, an asterisk (*) will appear after the bill number. If a bill is rejected a "c" will display next to that bill number.

Sample Output for a Range of Insurance Companies

```
REIMBURSABLE INS. PAYMENT TREND REPORT  --  COMBINED INPATIENT AND OUTPATIENT BILLING NOV 26, 1993   PAGE: 1
     DATE BILL PRINTED: 01/01/92  -  03/04/92          Note: '*' after the Bill Number denotes a CLOSED bill
     DISCHARGE STATUS: ALL VALUES
BILL      PATIENT                                  DATE    DATE BILL  #     AMOUNT    AMOUNT     AMOUNT    AMOUNT    PERCENT
NUMBER    NAME/ (AGE)          BILL FROM - TO      PRINTED  CLOSED    DAYS  BILLED    COLLECTED  UNPAID    PENDING   COLLECTED
-----------------------------------------------------------------------------------------------------------------------
          PRIMARY INSURANCE CARRIER: ABC
                               123 AVE OF THE MOONS
                               ANYTOWN, CALIFORNIA   00098              Phone: XXX-XXX-XXXX
XXXXXX  IBpatient,one    (49)  02/07/92 02/07/92 02/07/92  NEW BILL   658     200.00    100.00    100.00    100.00     50.00
                                                                           --------- --------- --------- --------- -------
TOTAL NUMBER OF BILLS: 1                                                       200.00    100.00    100.00    100.00     50.00
          PRIMARY INSURANCE CARRIER: ABC
                               789 UBIQUITOUS STREET
                               ANYTOWN, UTAH   44432
XXXXXX  IBpatient,two    (33)  04/09/91 04/14/91 02/06/92  NEW BILL   659    2770.00      0.00   2770.00   2770.00      0.00
                                                                           --------- --------- --------- --------- -------
TOTAL NUMBER OF BILLS: 1                                                      2770.00      0.00   2770.00   2770.00      0.00
          PRIMARY INSURANCE CARRIER: STRAIT INSURANCE
                               98 PARK AVE
                               ANYTOWN, TEXAS   43222
XXXXXX  IBpatient,three  (45)  02/05/91 02/05/91 02/18/92  11/26/93  647     950.00    702.50    247.50      0.00     75.00
                                                                           --------- --------- --------- --------- -------
TOTAL NUMBER OF BILLS: 1                                                       950.00    702.50    247.50      0.00     75.00
          GRAND TOTAL NUMBER OF BILLS:        3
          GRAND TOTAL AMOUNT BILLED:      3920.00
          GRAND TOTAL AMOUNT COLLECTED:    802.50
          GRAND TOTAL AMOUNT UNPAID:      3117.50
          GRAND TOTAL AMOUNT PENDING:     2870.00
          PERCENTAGE COLLECTED:             20.47
```

Sample Output for a Single Insurance Company

```
REIMBURSABLE INS. PAYMENT TREND REPORT  --  COMBINED INPATIENT AND OUTPATIENT BILLING SEP 27, 1995   PAGE: 1
     DATE BILL PRINTED: 01/01/95  -  09/27/95          Note: '*' after the Bill Number denotes a CLOSED bill
BILL      PATIENT                                  DATE    DATE BILL  #     AMOUNT AMOUNT      AMOUNT    AMOUNT   PERC
NUMBER    NAME/ (AGE)          BILL FROM - TO      PRINTED  CLOSED    DAYS  BILLED COLLECTED   UNPAID    PENDING  COLL
-----------------------------------------------------------------------------------------------------------------------
          PRIMARY INSURANCE CARRIER: ABC
                               123 AVE OF THE MOONS
                               LOS ANGELES, CALIFORNIA  00098        Phone: 618-555-9871
XXXXXX    IBpatient,one    (70)  06/22/95 07/10/95 09/20/95  NEW BILL   1     194.00    0.00    194.00    194.00    0.00
XXXXXX    IBpatient,two    (70)  07/17/95 07/31/95 09/20/95  NEW BILL   1     194.00    0.00    194.00    194.00    0.00
XXXXXX    IBpatient,three  (46)  01/01/92 07/02/92 03/28/95  NEW BILL 177    4460.00    0.00   4460.00   4460.00    0.00
XXXXXX    IBpatient,four   (68)  10/22/93 10/22/93 03/15/95  NEW BILL 190     178.00    0.00    178.00    178.00    0.00
                                                                          ---------- --------- -------- --------- -----
TOTAL NUMBER OF BILLS: 4                                                     5026.00 0.00   5026.00   5026.00    0.00
```

```
GRAND TOTAL NUMBER OF BILLS:            4
GRAND TOTAL AMOUNT BILLED:        5026.00
GRAND TOTAL AMOUNT COLLECTED:        0.00
GRAND TOTAL AMOUNT UNPAID:        5026.00
GRAND TOTAL AMOUNT PENDING:       5026.00
PERCENTAGE COLLECTED:                0.00
```

7.2.11. Unbilled BASC for Insured Patient Appointments

The Unbilled BASC for Insured Patient Appointments report lists all BASC (billable ambulatory surgical code) procedures for scheduled appointments of insured patients that could not be matched with BASC procedures entered on a bill for the patient for a selected date range. The match is based on the appointment date in Scheduling and the procedure date in Billing. The purpose of this report is to find all CPTs that were entered in Scheduling but never brought into Billing.

The list is printed in alphabetical order by patient name and provides the patient ID, appointment date, CPT code, and procedure.

Sample Output

```
 PATIENT NAME          PATIENT ID      APPOINTMENT DATE    BILLABLE AMBULATORY PROCEDURE
-------------------------------------------------------------------------------------
  IBpatient,one         XXX-XX-XXXX       MAR 27,1992       XXXXX   REMOVE THIGH PRESSURE SORE
                                                            XXXXX   REMOVE THIGH PRESSURE SORE
  IBpatient,two         XXX-XX-XXXX       MAR 3,1992        XXXXX   BONE MARROW BIOPSY
  IBpatient,three       XXX-XX-XXXX       MAR 7,1992        XXXXX   CLEANSING OF SKIN/TISSUE
  IBpatient,four        XXX-XX-XXXX       MAR 13,1992       XXXXX   AMPUTATION FOLLOW-UP SURGERY
```

7.2.12. ROI Expired Consent

This report will list the ROI Special Consents that will expire within a user-specified date range.

Sample Output

```
ROI Special Consent To Expire Feb 01, 2013 - Apr 01, 20133/26/13  11:40 PAGE 1
Patient                           Effective         Expiration
-------------------------------------------------------------------------------
IBpatient,one                     Jun 26, 2012      Mar 31, 2013
IBpatient,one                     Jun 26, 2012      Apr 01, 2013
IBpatient,five                    Mar 01, 2013      Mar 31, 2013
IBpatient,six                     Jan 01, 2013      Mar 20, 2013
IBpatient,nine                    Jan 01, 2013      Apr 01, 2013
IBpatient,nine                    Feb 01, 2013      Mar 20, 2013
```

7.3.   Medication Copayment Income Exemption Menu

7.3.1.   Print Charges Canceled Due to Income Exemption

This option enables the user to print a report that lists patients and medication copayment charges that are cancelled due to the income exemption (charges to patients determined to be exempt from the medication copayment requirement).

The user is prompted for a date range. The "start date" defaults to the effective date of the medication copayment legislation (Public Law 102-568), October 30, 1992, and the "to date" defaults to the date of the conversion completion.

This report should be reconciled periodically with the Accounts Receivable Medication Co-Pay Exemption Report (Medication Co-Pay Exemption Report option) to insure accuracy of patients' accounts.

Initially, this report will print a list of charges cancelled during the installation / conversion process. Later, this report may be used to list charges automatically cancelled. This occurs when

a patient with a status of NON-EXEMPT due to no income data becomes EXEMPT due to income below the threshold level.

This report includes the patient's name and ID, prescription date and number, cancel date and IB number, bill number and amount, a patient count, and dollar total. The user can also print a Conversion Quick Status Report with the listing that includes data such as the dates the conversion started and completed, total number of patients checked, number of patients exempt and non-exempt, the number of bills checked, dollar amount checked, total bills cancelled, and amount cancelled.

Queue this report to print during non-work hours as it may be very lengthy. The output for this option requires 132 columns.

Sample Output

```
Medication Copayment Exemption Conversion Status
Conversion was started on:  FEB  4, 1993@11:18:28
The conversion completed on: FEB  4, 1993@18:19:01
Elapse time for Conversion was: 7 Hours,  0 Minutes,  33 Seconds
              Last Patient DFN Checked  ==         91
  1.         Total Patients Checked  ==        7455
                    Exempt Patients  ==        2069
                Non-Exempt Patients  ==        5386
  2. Total Number of Bills checked    ==       36568
                Dollar Amount Checked  == $       86252
          No. of Exempt Bills Checked  ==       14218
                Exempt Dollar amount  == $       33426
      No. of Non-Exempt Bills Checked  ==       22350
              Non-exempt Dollar amount  == $       52826
  3. Total Bills Actually canceled  ==        14113
              Amount Actually canceled  == $       33158
Rx Copay Income Exemption Report                            MAR  4, 1993 11:18:43  Page 1
                                          Cancel     Cancel       Original
Name              Pt. ID       Rx Date    Rx/Refill  Date       IB Number    Bill No.     Amount
----------------------------------------------------------------------------------------------------
IBpatient,one    XXX-XX-XXXX  02/01/93    XXXXXX    02/02/93    XXXXXX       XXX-XXXXXX        $2
                              02/01/93    XXXXXX    02/02/93    XXXXXX       XXX-XXXXXX        $2
                                                                                       -------------
                                                                            Count  =       2
                                                                            Amount = $     4
IBpatient,two    XXX-XX-XXXX  01/26/93    XXXXXX/1  01/27/93    XXXXXX       XXX-XXXXXX        $4
                              01/26/93    XXXX      01/27/93    XXXXXX       XXX-XXXXXX        $2
                                                                                       -------------
                                                                            Count  =       2
                                                                            Amount = $     6
IBpatient,three  XXX-XX-XXXX  01/26/93    XXXXXX    01/27/93    XXXXXX       XXX-XXXXXX        $2
                              01/26/93    XXXXXX/1  01/27/93    XXXXXX       XXX-XXXXXX        $2
                                                                                       -------------
                                                                            Count  =       2
                                                                            Amount = $     4

                                  ====================================
                                  Total Patient Count =       3
                                  Total Rx Count      =       6
                                  Total Dollar amount = $     14
```

7.3.2. Edit Copay Exemption Letter

This option allows the user to edit IB form letters. The user is prompted to edit the HEADER field. This text is automatically centered at the top of the letter (it is not necessary to center text) and must be edited to the facility's name and address. There is a limit of six lines of text.

The second field, the MAIN BODY, contains the text of the letter including the signer's title. Because the person signing this letter may be site specific, it might be necessary to edit the signer's title.

The default for the starting address line (patient address) is 15. This may be edited to any number between 10 and 25. This feature is provided to account for slight differences in printers and automated letter folders at each site.

When editing the IB Income Test Reminder letter, the user is prompted for a reprint date, whether to exclude domiciliary patients, and to schedule the days on that the letters are to print. The days selected to print the letters represent the mornings the user wants to pick up the letters from the printer. For example, if Monday is chosen, the letters print Sunday evening and are ready to be picked up on Monday morning. The user can prevent the letters from being printed by answering YES to the "Do you wish to stop this job from running?" prompt.

After editing is completed, test print one letter. If the user opts to test print, a prompt to select a patient and device will appear. The letter is queueable to any printer.

Sample Letter

```
                    Department of Veterans Affairs Medical Center
                                113 Holland Avenue
                            ANYTOWN, New York   12208



DEC 14, 1995
                                             In Reply Refer To:
                                             XXX-XX-XXXX

     ONE IBPATIENT
     54 BROADWAY
     ANYTOWN, MA  XXXXX
The VA is required by law to charge veterans who receive medications
on an outpatient basis for the treatment of nonservice-connected
conditions, a copayment of $2.00 for each 30-day (or less) supply
of medication provided. Based on the income information requested
each year, some veterans may be exempt from the copayment.
Our records indicate that your medication copayment exemption
status will expire on December 31, 1995.
To update your income information so we may review your
copayment exemption status, please call XXX-XXXX xXXXX
to set up an appointment to provide us with current
income information.
Chief, MAS
```

7.3.3. Inquire to Medication Copay Income Exemptions

This option allows the user to print a brief or full inquiry of exemptions for a patient. The brief inquiry is used to view past and / or present exemptions, and the full inquiry is used to view the entire audit history of all changes to a patient's exemption status.

Both inquiries provide the patient's name and current status. The brief inquiry provides the following information on all active exemptions for the selected patient: effective date, type, status, reason, how the entry was added, and when. The full inquiry provides the following information for each exemption for the patient: effective date, status, whether active or inactive, how the entry was added, by whom and when, type, and reason for exemption.

All Medal of Honor recipients will be exempt from Medication Copayment (Public Law 114-315).

Sample Output

```
Billing Exemption Inquiry              MAR  5, 1993 13:10:46  Page 1
IBpatient,one           XXXX   Currently: NON-EXEMPT-INCOME>PENSION   02/10/93
-------------------------------------------------------------------------
  Effective Date: FEB 10, 1993            Type: COPAY INCOME EXEMPTION
          Status: NON-EXEMPT            Reason: NO INCOME DATA
          Active: NO, INACTIVE            User: ALAN
       How Added: SYSTEM             When Added: FEB 10, 1993@15:14:12
  Effective Date: FEB 10, 1993            Type: COPAY INCOME EXEMPTION
          Status: EXEMPT               Reason: HARDSHIP
          Active: NO, INACTIVE            User: MICHAEL
       How Added: MANUAL             When Added: FEB 11, 1993@09:17:06
Charges Canceled: FEB 10, 1993              To: FEB 11, 1993
  Effective Date: FEB 10, 1993            Type: COPAY INCOME EXEMPTION
          Status: NON-EXEMPT            Reason: INCOME>PENSION
          Active: NO, INACTIVE            User: MICHAEL
       How Added: SYSTEM             When Added: FEB 11, 1993@09:55:38
  Effective Date: FEB 10, 1993            Type: COPAY INCOME EXEMPTION
          Status: EXEMPT               Reason: HARDSHIP
          Active: NO, INACTIVE            User: PETER
       How Added: MANUAL             When Added: FEB 11, 1993@09:56:22
Charges Canceled: FEB 10, 1993              To: FEB 11, 1993
  Effective Date: FEB 10, 1993            Type: COPAY INCOME EXEMPTION
          Status: NON-EXEMPT            Reason: INCOME>PENSION
          Active: NO, INACTIVE            User: STEPHEN
       How Added: SYSTEM             When Added: FEB 11, 1993@10:00:37
  Effective Date: FEB 10, 1993            Type: COPAY INCOME EXEMPTION
          Status: EXEMPT               Reason: HARDSHIP
          Active: NO, INACTIVE            User: PETER
       How Added: MANUAL             When Added: FEB 11, 1993@10:00:49
Charges Canceled: FEB 10, 1993              To: FEB 11, 1993
  Effective Date: FEB 10, 1993            Type: COPAY INCOME EXEMPTION
          Status: NON-EXEMPT            Reason: INCOME>PENSION
          Active: NO, INACTIVE            User: PETER
       How Added: SYSTEM             When Added: FEB 17, 1993@15:28:39
```

Sample Brief Output for Medal of Honor Exemption

```
Medication Copayment Income Exemption Status
IBPATIENT,MOH           XXXX Currently: EXEMPT-MEDAL OF HONOR      01/30/19
EFFECTIVE   TYPE       STATUS     REASON                 ADDED BY/ON
-------------------------------------------------------------------------
01/30/19   RX COPAY   EXEMPT     MEDAL OF HONOR        SYSTEM/ 01/30/19
Medication Copayment Exemption Status Currently computes to: EXEMPT
Patient awarded Medal of Honor
```

Sample Full Output for Medal of Honor Exemption

```
Billing Exemption Inquiry                  FEB 11, 2019 16:36:41  Page 1
IBPATIENT,MOH   XXXX         Currently: EXEMPT-MEDAL OF HONOR      02/11/19
-------------------------------------------------------------------------
**Effective Date: FEB 11, 2019            Type: COPAY INCOME EXEMPTION
          Status: EXEMPT               Reason: MEDAL OF HONOR
```

```
            Active: YES, ACTIVE              User: IBTEST,USER
        How Added: SYSTEM              When Added: FEB 11, 2019@16:06:19
      Patient DFN: XXXXXXX            Ex. Number: XXXXXX
   Effective Date: FEB 11, 2019            Type: COPAY INCOME EXEMPTION
           Status: NON-EXEMPT          Reason: INCOME>PENSION
           Active: NO, INACTIVE           User: IBTEST,USER
        How Added: SYSTEM              When Added: FEB 11, 2019@14:50
      Patient DFN: XXXXXXX            Ex. Number: XXXXX
```

7.3.4. Manually Change Copay Exemption (Hardships)

This option is designed to grant and / or remove hardship waivers for patients who request the new copay income test. It may also be used to grant exemptions to Means Test patients; however, if MAS grants a hardship waiver to the Means Test by changing a patient's Means Test status from Category C to Category A, a hardship exemption is automatically generated.

A message or alert is generated anytime a hardship exemption is granted or removed. If the USE ALERTS site parameter is set to NO (or the field is left unanswered), a mail bulletin is generated; if set to YES, an alert is generated. A sample mail bulletin is provided in the example.

The system attempts to keep the effective date of the exemption the same as the effective date of the income test by defaulting to the effective date of the last exemption at the "Select Effective Date" prompt. Only the date of previous exemptions or the current date may be entered at this prompt.

Occasionally, the creation of a patient's exemption may be interrupted unexpectedly. In such cases, this option may be used to detect copay exemption discrepancies and correct/

update the patient's exemption status.

Once a waiver is granted, the exemption is good for one year from the date it is granted. An electronic signature code is required to grant a hardship waiver.

Sample Output

```
Subj: Medication Copayment Exemption Status Change  [#547] 20 Apr 93 14:53
  11 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
----------------------------------------------------------------------
The following Patient's Medication Copayment Exemption Status has changed:
    Patient: IBpatient,one              PT. ID: XXX-XX-XXXX
 Old Status: NON-EXEMPT - NO INCOME DATA  Dated 03/09/93
 New Status: EXEMPT     - HARDSHIP  Dated 03/10/93
Patient has been given a Hardship Exemption.
    by: MARK/(Manual)
    on: MAR 10, 1993 @ 14:53:40
Select MESSAGE Action: DELETE (from IN basket)//
```

7.3.5. Letters to Exempt Patients

This option is used to print the letters to be sent to patients who have been determined to be exempt from the medication copay. A range of patients and exemption effective dates may be specified. No letters will print for deceased patients, non-veterans, and patients who are SC>50%.

When this option is initially run, the user is prompted would like to store the results of the search in a template. If the answer YES, a search template, IB EXEMPTION LETTER, is created. This

data may be accessed through the Print File Entries option in FileMan. For each subsequent search, the user is prompted to delete the results of the previous search. If YES, the previous search template is deleted, and an option of storing the results of the search. Only one IB EXEMPTION LETTER search template may exist at a time.

Medication copayment exemptions based on annual income must be re-evaluated yearly on the anniversary of a patient's copayment test. If a patient is exempt due to income below the threshold, a renewal date is shown below the "in reply" heading of the letter. The patient must complete a new copay income test by the renewal date, or he/she will no longer be considered exempt from the pharmacy copayment requirement.

This letter is designed to be one page and to print to a pin fed printer, on plain paper, in either 10 or 12 pitch. The default is set to start the address on line 15; however, this may be edited through the Edit Copay Exemption Letter option. If address line three contains data, that data prints at the end of address line two. If defined, temporary addresses are used.

IB*2.0*385 is part of VistA host file DG_53_P858.KID and provides Integrated Billing (IB) enhancements to support the Veterans Financial Assessment (VFA) Project. The VFA Project eliminates the annual means test renewal requirement for Veterans subject to means testing. Prior to the implementation of VFA, means test with a status of MT COPAY EXEMPT, GMT COPAY REQUIRED, or PENDING ADJUDICATION were considered "expired" 365 days from the effective date. Means tests with these statuses will no longer expire and will be considered "current" when the means test effective date is less than one year old from the VFA start date and forward. The VFA START DATE is a new field in the MAS PARAMETER File set to 1/1/2013 during installation of the VFA host file.

NOTE: *The VFA Project did not include nor make any enhancements to copay exemption tests.*

The following business rules pertain for exemptions letters where the billing exemption record was based on current means tests:

Exemptions letters based on a current means test will not include the renewal date. The letter should not state the means test needs to be re-evaluated yearly on the means test anniversary date.

Sample Letter

```
Department of Veterans Affairs Medical Center
113 Holland Avenue
ANYTOWN, NY  12208
MAY  5, 1993
                                      In Reply Refer To:
                                      XXX-XX-XXXX
                                      Renewal Date: MAY  3, 1994

     ONE  IBPATIENT
     77 MAIN ST
     ANYTOWN, ME  XXXXX
Public Law 102-568 enacted on October 29, 1992, provided for an exemption
to the prescription copayment for those veterans who had income levels
less than the maximum rate of VA pension. Charges established before
October 29, 1992, were not exempted by the legislation.
We have reviewed your income and eligibility information contained in our
records and determined that you are eligible for the exemption. We are
currently reviewing your account and will make the appropriate adjustments
```

```
to it in the near future. If you are eligible for a refund for payments
made on charges established since October 29, 1992, we will forward you a
check. While we are reviewing your account we will not be sending out a
statement.
Medication copayment exemptions based upon annual income must be
re-evaluated yearly on the anniversary of your means test or copayment
test. If a renewal date is shown below the 'in reply' heading you must complete a new
copay income test by that date or you will no longer be considered exempt from the
pharmacy copayment requirement.
Please do not send in any more payments until we have completed this review
and forwarded a statement to you.
FINANCE OFFICER
```

7.3.6.   List Income Thresholds

This option allows the user to print an output that lists the income thresholds used in the medication copayment income exemption process sorted by type of threshold and effective date.

If the default of FIRST is accepted at the start date prompt, first to last is assumed.

This output requires 132 columns.

Sample Output

```
Medication Copayment Income Thresholds                  MAR 15,1993  08:29    PAGE 1
EFFECTIVE                       1             2             3             4             5
6           7           8    ADDITIONAL
DATE        BASE RATE  DEPENDENT  DEPENDENTS  DEPENDENTS  DEPENDENTS  DEPENDENTS
DEPENDENTS  DEPENDENTS  DEPENDENTS     AMOUNT
-------------------------------------------------------------------------------
         TYPE: PENSION PLUS A&A
DEC  1,1992    12187.00    14548.00    15844.00    17140.00    18436.00    19732.00
21028.00    22324.00    23620.00     1296.00
```

7.3.7.   Print Patient Exemptions or Summary

This option allows the user to print a list of copayment exemption statistics. Both exempt and non-exempt patients are included.

The user is given the option to print a detailed patient listing or a summary. The detailed report may be sorted by either exemption status or exemption reason. The information given includes the patient's name, patient ID, primary eligibility code, status, reason for exemption/non-exemption, and status date. This data is followed by a summary showing subtotals for each exemption reason and totals for exempt and non-exempt patients. If the user opts to "Print Summary Only", the detailed portion of the output is omitted. Deceased patients are not included in the summary provided with the detailed listing; however, if print the summary only is selected, deceased patients are included. Exemptions will now include Medal of Honor (Public Law 114-315).

When printing only a summary, sorting by the EXEMPTION STATUS default reduces the time required to produce the report.

The detailed patient listing requires 132 columns. Queue this output to print during non-work hours as it may be very lengthy.

Sample Output

```
Patient Medication Copayment Exemption Report            FEB 11, 2019@11:24   PAGE 1BI
PATIENT          PT ID         PRIMARY ELIGIBILITY      STATUS     REASON            STATUS DATE
-----------------------------------------------------------------------------------------------
IBPATIENT,ONE    XXX-XX-XXXX   NSC                      EXEMPT     MEDAL OF HONOR    JAN 25,2019
IBPATIENT,TWO    XXX-XX-XXXX   NSC                      EXEMPT     MEDAL OF HONOR    JAN 25,2019
IBPATIENT,THREE  XXX-XX-XXXX   SERVICE CONNECTED 50     EXEMPT     SC>50             JAN 2,2019
IBPATIENT,FOUR   XXX-XX-XXXX   SERVICE CONNECTED 50     EXEMPT     SC>50             JAN 1,2019
IBPATIENT,FIVE   XXX-XX-XXXX   AID & ATTENDANCE         EXEMPT     IN RECEIPT OF A&A JAN 1,2019
IBPATIENT,SIX    XXX-XX-XXXX   NSC                      EXEMPT     DIS. RETIREMENT   JAN 17,2019
IBPATIENT,SEVEN  XXX-XX-XXXX   NSC                      EXEMPT     DIS. RETIREMENT   JAN 10,2019
IBPATIENT,EIGHT  XXX-XX-XXXX   NSC                      EXEMPT     DIS. RETIREMENT   JAN  5,2019
IBPATIENT,NINE   XXX-XX-XXXX   NSC                      EXEMPT     HARDSHIP          JAN  5,2019
IBPATIENT,TEN    XXX-XX-XXXX   HUMANITARIAN             EXEMPT     NON-VETERAN       JAN 29,2019
IBPATIENT,ELEVEN XXX-XX-XXXX   HUMANITARIAN             EXEMPT     NON-VETERAN       JAN 25,2019
=================================================
Exempt Status:
    CATASTROPHICALLY DISABLED       = 1
    FORMER POW                      = 1
    IN RECEIPT OF A&A               = 18
    IN RECEIPT OF HB                = 6
    IN RECEIPT OF PENSION           = 10
    INCOME<PENSION                  = 19
    MEDAL OF HONOR                  = 77
    NON-VETERAN                     = 8
    SC>50                           = 44
Total Exempt Patients               = 184
Statistics and report DO NOT include deceased patients.
```

7.3.8. Reprint Single Income Test Reminder Letter

This option is used to generate an Income Test reminder letter for a patient whose effective copay exemption is based upon income.

If the patient is currently non-exempt due to no income data reported, a letter may be generated if the patient's previous exemption status is based on income.

IB*2.0*385 is part of VistA host file DG_53_P858.KID and provides Integrated Billing (IB) enhancements to support the Veterans Financial Assessment (VFA) Project. The VFA Project eliminates the annual means test renewal requirement for Veterans subject to means testing. Prior to the implementation of VFA, means test with a status of MT COPAY EXEMPT, GMT COPAY REQUIRED, or PENDING ADJUDICATION were considered "expired" 365 days from the effective date. Means tests with these statuses will no longer expire and will be considered "current" when the means test effective date is less than one year old from the VFA start date and forward. The VFA START DATE is a new field in the MAS PARAMETER File set to 1/1/2013 during installation of the VFA host file.

NOTE: The VFA Project did not include nor make any enhancements to copay exemption tests.

The following business rules pertain for reminder letters where the billing exemption record was based on current means tests:

Reminder Letters

The user will receive a warning when the Veterans current medication copayment exemption is based on a current means test. The user is returned to the (menu or select patient prompt) and the letter is not printed.

Sample Letter

```
                    Department of Veterans Affairs Medical Center
                              113 Holland Avenue
                          ANYTOWN, New York   12208


DEC 14, 1995

                                              In Reply Refer To:
                                              XXX-XX-XXXX

     ONE IBPATIENT
     00 BROADWAY
     ANYTOWN, MA  XXXXX
The VA is required by law to charge veterans who receive medications
on an outpatient basis for the treatment of nonservice-connected
conditions, a copayment of $2.00 for each 30-day (or less) supply
of medication provided. Based on the income information requested
each year, some veterans may be exempt from the copayment.
Our records indicate that your medication copayment exemption
status will expire on December 31, 1995.
To update your income information so we may review your
copayment exemption status, please call XXX-XXXX xXXXX
to set up an appointment to provide us with current
income information.
Chief, MAS
```

7.3.9.   Add Income Thresholds

This option is used to enter / edit the income thresholds used in the medication copayment income exemption.

The thresholds are determined and released by VBA (Veterans Benefits Administration) December 1st of each year. These are the same thresholds used for A&A pensions.

Once the ADDITIONAL DEPENDENT AMOUNT is entered, the amount for each additional dependent can be automatically calculated when the copayment income exemptions are built. However, if the amount for each additional dependent does not have to be calculated, the exemption can be built much faster; therefore, it is advantageous to enter the amount for each dependent.

If the new income thresholds are released or entered after the normal effective date, this package was designed to note exemptions created with thresholds over one year old and to allow automatic recompilation of just those exemptions.

7.3.10.   Print / Verify Patient Exemption Status

This option will search the BILLING EXEMPTIONS file (#354.1) and compare the currently stored active exemption for each patient against what the system calculates to be the correct exemption status for the patient based on current data from the MAS files.

Once a date range is selected, the user is asked whether to update each incorrect exemption status. If NO, a list of discrepancies is printed without updating the incorrect statuses. If YES, the same report will print, and the statuses are updated. Initially, the report should be run without updating the exemptions.

The Manually Change Copay Exemptions (Hardship) option may also be used to update exemptions to the correct status one patient at a time.

Print / Verify Patient Exemption Status option will identify existing patients with incorrect exemptions that should be Medal of Honor exemptions and update the status of Medal of Honor recipients (Public Law 114-315).

This output requires 132 columns. Queue to print during non-work hours as it can be quite lengthy.

Sample Output

```
Medication Copayment Exemption Problem Report           FEB 11, 2019 16:49 Page 1
Patient              PT. ID          Error            Current Exemption Computed
ExemptionAction
--------------------------------------------------------------------------------
IBPATIENT,ONE        XXX-XX-XXXX     Exemption incorrect   10/08/18 NO INCOME DATA 01/11/17
INCOME>PENSION    Nothing Updated
IBPATIENT,TWO        XXX-XX-XXXX     Exemption incorrect   01/08/19 INCOME>PENSION
INCOME<PENSION            Nothing Updated
IBPATIENT,THREE      XXX-XX-XXXX     Exemption incorrect   01/02/19 NO INCOME DATA 12/28/16
INCOME>PENSION    Nothing Updated
IBPATIENT,FOUR       XXX-XX-XXXX     Exemption incorrect   01/04/19 02/11/19 MEDAL OF HONOR
Nothing Updated
There were 4 discrepancies found in 2107 exemptions checked.
```

7.4. MCCR System Definition Menu

The MCCR System Definition Menu is locked with the IB SUPERVISOR security key.

7.4.1. Enter / Edit Automated Billing Parameters

The Enter/Edit Automated Billing Parameters option is used to enter or edit the parameters that control automated third-party billing. Only entries in the Claims Tracking module will be billed automatically. Currently, only inpatient stays, outpatient encounters, and prescription refills are included in automated billing.

The following table lists a brief description of the parameters:

Table 25: Parameter Descriptions

Parameter	Description
AUTO BILLER FREQUENCY	Number of days between each execution of the automated biller. For example, if the auto biller should run once a week, enter 7; if it should run every night, enter 1. If this field is left blank, the auto biller will never run.
INPATIENT STATUS (AB)	This is the status that a PTF record must be in before the automated biller will attempt to create an inpatient bill. The PTF record must be closed before an automated bill can be created.
AUTOMATE BILLING	This parameter controls the automated creation of bills. If this field is set to YES, the bills will be automatically created for possible billable events with no user interaction. If this field is left blank, the earliest auto bill date must be added to each event in Claims Tracking before a bill is automatically created by the auto biller.

Parameter	Description
BILLING CYCLE	This is the maximum number of days allowed to be billed on a single bill. If this field is left blank, the date range will default to the event date through the end of the month in which the event took place or for inpatient interim bills, the next month after the last interim bill. Claims Tracking events may be added to the list of events for which an auto bill should be created by adding a date to the earliest auto bill date in Claims Tracking. Events may be removed from the auto biller list by adding a reason not billable or deleting the earliest auto bill date.
DAYS DELAY	This field controls the number of days after the end of the BILLING CYCLE that a bill should be created. This parameter is used at two different points to determine if a bill should be created. The first is when the Claims Tracking entry is first created. At that time, the EARLIEST AUTO BILL DATE will be set to the current date plus the number of DAYS DELAY. The second time this parameter is used is when the auto biller is trying to set up a date range for the events bill. In that case, DAYS DELAY is added to the BILLING CYCLE to determine if the correct amount of time has elapsed for the bill to be created. For example, if DAYS DELAY is 3 and BILLING CYCLE is 10, a bill will not be created for at least 13 days after the initial entry was created in Claims Tracking. Inpatients are slightly different. If an inpatient is discharged, the auto biller will try to create a bill for that stay DAYS DELAY after the discharge date. The auto biller cannot, however, create a bill until the PTF record is closed. Therefore, the actual delay before bill creation for inpatient bills may be longer than DAYS DELAY.

7.5.   Charge Master Menu

7.5.1.   Enter / Edit Charge Master

This option is used for the maintenance of Third-Party rates and charges. It contains the List Manager screens, which display all rate elements / fields. It also includes enter and edit actions so each element can be updated. All edit actions within these screens require the IB SUPERVISOR key.

Table 26: Screen Descriptions

Screen	Description
Introduction Screen	This screen displays a brief description of the elements of the Charge Master that may be viewed / edited through this option. The user can display / edit rate types, billing rates, charge sets, and rate schedules.
Rate Type Screen	This is a display / edit screen for Billing Rate Types. All Rate Types currently defined are displayed.

Screen	Description
Billing Rates Screen	This is a display / edit screen for Billing Rates. All Billing Rates currently defined are displayed. Part of the definition of a Billing Rate includes what types of items the rate's charges are associated with (Billable Item) and how the charge should be calculated (Charge Method).
Charge Set Screen	This is a display / edit screen for Charge Sets. All Charge Sets currently defined will be displayed. These sets define a sub-set of charges for a Billing Rate. The editing of Charge Sets is restricted to non-critical elements if there are Charge Items defined for the set. Since Revenue Code and Bed section are required to add charges to a bill, the Default Revenue Code and Default Bed section are required unless these are defined for each individual Charge Item in the Set.
Charge Item Screen	This is a display / edit screen for Charge Items. These are the actual records of the item and its corresponding charge. This screen displays items that have active charges in a specified date range for the selected Charge Set. All active Charge Items are displayed for a Charge Set with a Billable Item of Bed section. However, this screen has been specifically limited to displaying either one CPT or one AWP item at a time. The Effective Date is required for all entries and controls when the charge is active. Each item entry overrides any previously effective charge for the item. A Revenue Code is only required if the Revenue Code for the item is different from the Default Revenue Code of the Charge Set.
Billing Regions Screen	This is a display / edit screen for Billing Regions. All Billing Regions currently defined will be displayed. Billing Regions can be set-up that show the set of divisions that are billed the same charges for a Billing Rate. A Billing Region need only be defined if the charges for a rate vary by region/locality/division and more than one Region will be billed at the site. Currently only Billing Rates based on CPT charges may vary by region.
Rate Schedule Screen	This is a display / edit screen for Rate Schedules. These schedules link charges and types of bills to be added to. All Rate Schedules currently defined are displayed. Rate Schedules must be defined for both inpatient and outpatient charges for a Rate Type and all Charge Sets that may be charged to that type of bill should be added. A Charge Set can set-up to be automatically added to bills or to require user input before the charges are added. The effective dates should only be added if there is a specific date that billing to the payer can start or stop.

Sample Output

RATE SCHEDULE LIST

```
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 1
                   BILL   BILL       EFFECTIVE   INACTIVE   CHARGES                       AUTO
NAME               TYPE   SERVICE    DATE        DATE       ADJUSTED  CHARGE SET          ADD
----------------------------------------------------------------------------------------------------
      RATE TYPE: CC MTF REIMB INS
CC-DOD-INPT        INPAT  INPATIENT  DEC 19,2003                      RC-INPT R&B 442          YES
                                                                     RC-INPT ANC 442          YES
                                                                     RC-INPT FAC PR 442       YES
                                                                     RC-INPT FAC HR 442       YES
                                                                     RC-INPT FAC ML 442       YES
                                                                     RC-INPT R&B ICU 442      YES
                                                                     RC-INPT ANC ICU 442      YES
                                                                     RC-PHYSICIAN INPT PR 442 YES
                                                                     RC-PHYSICIAN INPT MN 442 YES
CC-DOD-SNF         INPAT  SKILLED NU DEC 19,2003             RC-SNF INC 442           YES
                                                                     RC-SNF FAC PR 442        YES
                                                                     RC-SNF FAC HR 442        YES
                                                                     RC-SNF FAC ML 442        YES
                                                                     RC-PHYSICIAN SNF PR 442  YES
                                                                     RC-PHYSICIAN SNF MN 442  YES
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 2
                   BILL   BILL       EFFECTIVE   INACTIVE   CHARGES                       AUTO
NAME               TYPE   SERVICE    DATE        DATE       ADJUSTED  CHARGE SET          ADD
----------------------------------------------------------------------------------------------------
CC-DOD-OPT         OUTPA  OUTPATIENT DEC 19,2003                      RC-PHYSICIAN FS PR 442GB YES
                                                                     RC-PHYSICIAN FS PR 442GC YES
                                                                     RC-PHYSICIAN FS PR 442GD YES
                                                                     RC-PHYSICIAN FS MN 442GD YES
                                                                     RC-PHYSICIAN FS ML 442GD YES
                                                                     RC-OPT FAC PR 442        YES
                                                                     RC-OPT FAC HR 442        YES
                                                                     RC-OPT FAC ML 442        YES
                                                                     RC-OPT MISC 442
                                                                     RC-PHYSICIAN OPT PR 442  YES
                                                                     RC-PHYSICIAN OPT MN 442  YES
                                                                     RC-PHYSICIAN FS MN 442GB YES
                                                                     RC-PHYSICIAN FS ML 442GB YES
                                                                     RC-PHYSICIAN FS MN 442GC YES
                                                                     RC-PHYSICIAN FS ML 442GC YES
                                                                     RC-OPT FAC PR 442GD      YES
                                                                     RC-OPT FAC HR 442GD      YES
                                                                     RC-OPT FAC ML 442GD      YES
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-OPT MISC 442GD	
						RC-PHYSICIAN OPT PR 442GD	YES
						RC-PHYSICIAN OPT MN 442GD	YES
						RC-OPT FAC PR 442GC	YES
						RC-OPT FAC HR 442GC	YES
						RC-OPT FAC ML 442GC	YES
						RC-OPT MISC 442GC	
						RC-PHYSICIAN OPT PR 442GC	YES
						RC-PHYSICIAN OPT MN 442GC	YES
						RC-OPT FAC PR 442HK	YES
						RC-OPT FAC HR 442HK	YES
						RC-OPT FAC ML 442HK	YES
						RC-OPT MISC 442HK	
						RC-PHYSICIAN OPT PR 442HK	YES
						RC-PHYSICIAN OPT MN 442HK	YES
						RC-OPT FAC PR 442GB	YES
						RC-OPT FAC HR 442GB	YES
						RC-OPT FAC ML 442GB	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-OPT MISC 442GB	
						RC-PHYSICIAN OPT PR 442GB	YES
						RC-PHYSICIAN OPT MN 442GB	YES
						RC-OPT FAC PR 442MA	YES
						RC-OPT FAC HR 442MA	YES
						RC-OPT FAC ML 442MA	YES
						RC-OPT MISC 442MA	
						RC-PHYSICIAN OPT PR 442MA	YES
						RC-PHYSICIAN OPT MN 442MA	YES
						RC-PHYSICIAN FS PR 442QB	YES
						RC-PHYSICIAN FS MN 442QB	YES
						RC-PHYSICIAN FS ML 442QB	YES
						RC-PHYSICIAN FS PR 442QA	YES
						RC-PHYSICIAN FS MN 442QA	YES
						RC-PHYSICIAN FS ML 442QA	YES
						RC-OPT FAC PR 442QA	YES
						RC-OPT FAC HR 442QA	YES
						RC-OPT FAC ML 442QA	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-OPT MISC 442QA	
						RC-PHYSICIAN OPT PR 442QA	YES
						RC-PHYSICIAN OPT MN 442QA	YES

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                                                          RC-OPT FAC PR 442QB              YES
                                                          RC-OPT FAC HR 442QB              YES
                                                          RC-OPT FAC ML 442QB              YES
                                                          RC-OPT MISC 442QB
                                                          RC-PHYSICIAN OPT PR 442QB        YES
                                                          RC-PHYSICIAN OPT MN 442QB        YES
CC-DOD-RX           OUTPA           JAN 1,2018            RX COST                          YES
      RATE TYPE: CC NO-FAULT AUTO
CC-NF-INPT          INPAT           DEC 19,2003           RC-INPT R&B 442                  YES
                                                          RC-INPT ANC 442                  YES
                                                          RC-INPT FAC PR 442               YES
                                                          RC-INPT FAC HR 442               YES
                                                          RC-INPT FAC ML 442               YES
                                                          RC-INPT R&B ICU 442              YES
```
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                                                          RC-INPT ANC ICU 442              YES
                                                          RC-PHYSICIAN INPT PR 442         YES
                                                          RC-PHYSICIAN INPT MN 442         YES
CC-NF-SNF           INPAT  SKILLED NU DEC 19,2003         RC-SNF INC 442                   YES
                                                          RC-SNF FAC PR 442                YES
                                                          RC-SNF FAC HR 442                YES
                                                          RC-SNF FAC ML 442                YES
                                                          RC-PHYSICIAN SNF PR 442          YES
                                                          RC-PHYSICIAN SNF MN 442          YES
CC-NF-OPT           OUTPA           DEC 19,2003           RC-PHYSICIAN FS PR 442GB         YES
                                                          RC-PHYSICIAN FS PR 442GC         YES
                                                          RC-PHYSICIAN FS PR 442GD         YES
                                                          RC-PHYSICIAN FS MN 442GD         YES
                                                          RC-PHYSICIAN FS ML 442GD         YES
                                                          RC-OPT FAC PR 442                YES
                                                          RC-OPT FAC HR 442                YES
                                                          RC-OPT FAC ML 442                YES
                                                          RC-OPT MISC 442
```
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                                                          RC-PHYSICIAN OPT PR 442          YES
                                                          RC-PHYSICIAN OPT MN 442          YES
                                                          RC-PHYSICIAN FS MN 442GB         YES
                                                          RC-PHYSICIAN FS ML 442GB         YES
                                                          RC-PHYSICIAN FS MN 442GC         YES
                                                          RC-PHYSICIAN FS ML 442GC         YES
                                                          RC-OPT FAC PR 442GD              YES
                                                          RC-OPT FAC HR 442GD              YES
                                                          RC-OPT FAC ML 442GD              YES
                                                          RC-OPT MISC 442GD
                                                          RC-PHYSICIAN OPT PR 442GD        YES
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                                                   RC-PHYSICIAN OPT MN 442GD        YES
                                                   RC-OPT FAC PR 442GC             YES
                                                   RC-OPT FAC HR 442GC             YES
                                                   RC-OPT FAC ML 442GC             YES
                                                   RC-OPT MISC 442GC
                                                   RC-PHYSICIAN OPT PR 442GC        YES
                                                   RC-PHYSICIAN OPT MN 442GC        YES
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-OPT FAC PR 442HK	YES
						RC-OPT FAC HR 442HK	YES
						RC-OPT FAC ML 442HK	YES
						RC-OPT MISC 442HK	
						RC-PHYSICIAN OPT PR 442HK	YES
						RC-PHYSICIAN OPT MN 442HK	YES
						RC-OPT FAC PR 442GB	YES
						RC-OPT FAC HR 442GB	YES
						RC-OPT FAC ML 442GB	YES
						RC-OPT MISC 442GB	
						RC-PHYSICIAN OPT PR 442GB	YES
						RC-PHYSICIAN OPT MN 442GB	YES
						RC-OPT FAC PR 442MA	YES
						RC-OPT FAC HR 442MA	YES
						RC-OPT FAC ML 442MA	YES
						RC-OPT MISC 442MA	
						RC-PHYSICIAN OPT PR 442MA	YES
						RC-PHYSICIAN OPT MN 442MA	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-PHYSICIAN FS PR 442QB	YES
						RC-PHYSICIAN FS MN 442QB	YES
						RC-PHYSICIAN FS ML 442QB	YES
						RC-PHYSICIAN FS PR 442QA	YES
						RC-PHYSICIAN FS MN 442QA	YES
						RC-PHYSICIAN FS ML 442QA	YES
						RC-OPT FAC PR 442QA	YES
						RC-OPT FAC HR 442QA	YES
						RC-OPT FAC ML 442QA	YES
						RC-OPT MISC 442QA	
						RC-PHYSICIAN OPT PR 442QA	YES
						RC-PHYSICIAN OPT MN 442QA	YES
						RC-OPT FAC PR 442QB	YES
						RC-OPT FAC HR 442QB	YES
						RC-OPT FAC ML 442QB	YES
						RC-OPT MISC 442QB	
						RC-PHYSICIAN OPT PR 442QB	YES
						RC-PHYSICIAN OPT MN 442QB	YES

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RATE SCHEDULE List                                                 OCT 25, 2018@17:16   PAGE 10
                BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                               AUTO
NAME            TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET                 ADD
-----------------------------------------------------------------------------------------------
CC-NF-RX        OUTPA            JAN 1,2018                        RX COST                    YES
      RATE TYPE: CC REIMB INS
CC-RI-INPT      INPAT            DEC 19,2003                       RC-INPT R&B 442            YES
                                                                  RC-INPT ANC 442            YES
                                                                  RC-INPT FAC PR 442         YES
                                                                  RC-INPT FAC HR 442         YES
                                                                  RC-INPT FAC ML 442         YES
                                                                  RC-INPT R&B ICU 442        YES
                                                                  RC-INPT ANC ICU 442        YES
                                                                  RC-PHYSICIAN INPT PR 442   YES
                                                                  RC-PHYSICIAN INPT MN 442   YES
CC-RI-SNF       INPAT  SKILLED NU DEC 19,2003                      RC-SNF INC 442             YES
                                                                  RC-SNF FAC PR 442          YES
                                                                  RC-SNF FAC HR 442          YES
                                                                  RC-SNF FAC ML 442          YES
                                                                  RC-PHYSICIAN SNF PR 442    YES
                                                                  RC-PHYSICIAN SNF MN 442    YES
RATE SCHEDULE List                                                 OCT 25, 2018@17:16   PAGE 11
                BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                               AUTO
NAME            TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET                 ADD
-----------------------------------------------------------------------------------------------
CC-RI-OPT       OUTPA            DEC 19,2003                       RC-PHYSICIAN FS PR 442GB   YES
                                                                  RC-PHYSICIAN FS PR 442GC   YES
                                                                  RC-PHYSICIAN FS PR 442GD   YES
                                                                  RC-PHYSICIAN FS MN 442GD   YES
                                                                  RC-PHYSICIAN FS ML 442GD   YES
                                                                  RC-OPT FAC PR 442          YES
                                                                  RC-OPT FAC HR 442          YES
                                                                  RC-OPT FAC ML 442          YES
                                                                  RC-OPT MISC 442
                                                                  RC-PHYSICIAN OPT PR 442    YES
                                                                  RC-PHYSICIAN OPT MN 442    YES
                                                                  RC-PHYSICIAN FS MN 442GB   YES
                                                                  RC-PHYSICIAN FS ML 442GB   YES
                                                                  RC-PHYSICIAN FS MN 442GC   YES
                                                                  RC-PHYSICIAN FS ML 442GC   YES
                                                                  RC-OPT FAC PR 442GD        YES
                                                                  RC-OPT FAC HR 442GD        YES
                                                                  RC-OPT FAC ML 442GD        YES
RATE SCHEDULE List                                                 OCT 25, 2018@17:16   PAGE 12
                BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                               AUTO
NAME            TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET                 ADD
-----------------------------------------------------------------------------------------------
                                                                  RC-OPT MISC 442GD
                                                                  RC-PHYSICIAN OPT PR 442GD  YES
                                                                  RC-PHYSICIAN OPT MN 442GD  YES
                                                                  RC-OPT FAC PR 442GC        YES
```

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                                                         RC-OPT FAC HR 442GC              YES
                                                         RC-OPT FAC ML 442GC              YES
                                                         RC-OPT MISC 442GC
                                                         RC-PHYSICIAN OPT PR 442GC        YES
                                                         RC-PHYSICIAN OPT MN 442GC        YES
                                                         RC-OPT FAC PR 442HK              YES
                                                         RC-OPT FAC HR 442HK              YES
                                                         RC-OPT FAC ML 442HK              YES
                                                         RC-OPT MISC 442HK
                                                         RC-PHYSICIAN OPT PR 442HK        YES
                                                         RC-PHYSICIAN OPT MN 442HK        YES
                                                         RC-OPT FAC PR 442GB              YES
                                                         RC-OPT FAC HR 442GB              YES
                                                         RC-OPT FAC ML 442GB              YES
RATE SCHEDULE List                                                       OCT 25, 2018@17:16   PAGE 13
                    BILL    BILL     EFFECTIVE    INACTIVE    CHARGES                              AUTO
NAME                TYPE    SERVICE  DATE         DATE        ADJUSTED    CHARGE SET               ADD
------------------------------------------------------------------------------------------------------
                                                         RC-OPT MISC 442GB
                                                         RC-PHYSICIAN OPT PR 442GB        YES
                                                         RC-PHYSICIAN OPT MN 442GB        YES
                                                         RC-OPT FAC PR 442MA              YES
                                                         RC-OPT FAC HR 442MA              YES
                                                         RC-OPT FAC ML 442MA              YES
                                                         RC-OPT MISC 442MA
                                                         RC-PHYSICIAN OPT PR 442MA        YES
                                                         RC-PHYSICIAN OPT MN 442MA        YES
                                                         RC-PHYSICIAN FS PR 442QB         YES
                                                         RC-PHYSICIAN FS MN 442QB         YES
                                                         RC-PHYSICIAN FS ML 442QB         YES
                                                         RC-PHYSICIAN FS PR 442QA         YES
                                                         RC-PHYSICIAN FS MN 442QA         YES
                                                         RC-PHYSICIAN FS ML 442QA         YES
                                                         RC-OPT FAC PR 442QA              YES
                                                         RC-OPT FAC HR 442QA              YES
                                                         RC-OPT FAC ML 442QA              YES
RATE SCHEDULE List                                                       OCT 25, 2018@17:16   PAGE 14
                    BILL    BILL     EFFECTIVE    INACTIVE    CHARGES                              AUTO
NAME                TYPE    SERVICE  DATE         DATE        ADJUSTED    CHARGE SET               ADD
------------------------------------------------------------------------------------------------------
                                                         RC-OPT MISC 442QA
                                                         RC-PHYSICIAN OPT PR 442QA        YES
                                                         RC-PHYSICIAN OPT MN 442QA        YES
                                                         RC-OPT FAC PR 442QB              YES
                                                         RC-OPT FAC HR 442QB              YES
                                                         RC-OPT FAC ML 442QB              YES
                                                         RC-OPT MISC 442QB
                                                         RC-PHYSICIAN OPT PR 442QB        YES
                                                         RC-PHYSICIAN OPT MN 442QB        YES
```

```
CC-RI-RX              OUTPA           JAN 1,2018                          RX COST                         YES
      RATE TYPE: CC TORT FEASOR
CC-TF-INPT            INPAT           JAN 7,2004                          RC-INPT R&B 442                 YES
                                                                         RC-INPT ANC 442                 YES
                                                                         RC-INPT FAC PR 442              YES
                                                                         RC-INPT FAC HR 442              YES
                                                                         RC-INPT FAC ML 442              YES
                                                                         RC-INPT R&B ICU 442             YES
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-INPT ANC ICU 442	YES
						RC-PHYSICIAN INPT PR 442	YES
						RC-PHYSICIAN INPT MN 442	YES
CC-TF-SNF	INPAT	SKILLED NU	JAN 7,2004			RC-SNF INC 442	YES
						RC-SNF FAC PR 442	YES
						RC-SNF FAC HR 442	YES
						RC-SNF FAC ML 442	YES
						RC-PHYSICIAN SNF PR 442	YES
						RC-PHYSICIAN SNF MN 442	YES
CC-TF-OPT	OUTPA		JAN 7,2004			RC-PHYSICIAN FS PR 442GB	YES
						RC-PHYSICIAN FS PR 442GC	YES
						RC-PHYSICIAN FS PR 442GD	YES
						RC-PHYSICIAN FS MN 442GD	YES
						RC-PHYSICIAN FS ML 442GD	YES
						RC-OPT FAC PR 442	YES
						RC-OPT FAC HR 442	YES
						RC-OPT FAC ML 442	YES
						RC-OPT MISC 442	

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-PHYSICIAN OPT PR 442	YES
						RC-PHYSICIAN OPT MN 442	YES
						RC-PHYSICIAN FS MN 442GB	YES
						RC-PHYSICIAN FS ML 442GB	YES
						RC-PHYSICIAN FS MN 442GC	YES
						RC-PHYSICIAN FS ML 442GC	YES
						RC-OPT FAC PR 442GD	YES
						RC-OPT FAC HR 442GD	YES
						RC-OPT FAC ML 442GD	YES
						RC-OPT MISC 442GD	
						RC-PHYSICIAN OPT PR 442GD	YES
						RC-PHYSICIAN OPT MN 442GD	YES
						RC-OPT FAC PR 442GC	YES
						RC-OPT FAC HR 442GC	YES
						RC-OPT FAC ML 442GC	YES
						RC-OPT MISC 442GC	
						RC-PHYSICIAN OPT PR 442GC	YES

```
                                                      RC-PHYSICIAN OPT MN 442GC         YES
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 17
                 BILL   BILL     EFFECTIVE    INACTIVE    CHARGES                               AUTO
NAME             TYPE   SERVICE  DATE         DATE        ADJUSTED    CHARGE SET                ADD
------------------------------------------------------------------------------------------------------
                                                      RC-OPT FAC PR 442HK               YES
                                                      RC-OPT FAC HR 442HK               YES
                                                      RC-OPT FAC ML 442HK               YES
                                                      RC-OPT MISC 442HK
                                                      RC-PHYSICIAN OPT PR 442HK         YES
                                                      RC-PHYSICIAN OPT MN 442HK         YES
                                                      RC-OPT FAC PR 442GB               YES
                                                      RC-OPT FAC HR 442GB               YES
                                                      RC-OPT FAC ML 442GB               YES
                                                      RC-OPT MISC 442GB
                                                      RC-PHYSICIAN OPT PR 442GB         YES
                                                      RC-PHYSICIAN OPT MN 442GB         YES
                                                      RC-OPT FAC PR 442MA               YES
                                                      RC-OPT FAC HR 442MA               YES
                                                      RC-OPT FAC ML 442MA               YES
                                                      RC-OPT MISC 442MA
                                                      RC-PHYSICIAN OPT PR 442MA         YES
                                                      RC-PHYSICIAN OPT MN 442MA         YES
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 18
                 BILL   BILL     EFFECTIVE    INACTIVE    CHARGES                               AUTO
NAME             TYPE   SERVICE  DATE         DATE        ADJUSTED    CHARGE SET                ADD
------------------------------------------------------------------------------------------------------
                                                      RC-PHYSICIAN FS PR 442QB          YES
                                                      RC-PHYSICIAN FS MN 442QB          YES
                                                      RC-PHYSICIAN FS ML 442QB          YES
                                                      RC-PHYSICIAN FS PR 442QA          YES
                                                      RC-PHYSICIAN FS MN 442QA          YES
                                                      RC-PHYSICIAN FS ML 442QA          YES
                                                      RC-OPT FAC PR 442QA               YES
                                                      RC-OPT FAC HR 442QA               YES
                                                      RC-OPT FAC ML 442QA               YES
                                                      RC-OPT MISC 442QA
                                                      RC-PHYSICIAN OPT PR 442QA         YES
                                                      RC-PHYSICIAN OPT MN 442QA         YES
                                                      RC-OPT FAC PR 442QB               YES
                                                      RC-OPT FAC HR 442QB               YES
                                                      RC-OPT FAC ML 442QB               YES
                                                      RC-OPT MISC 442QB
                                                      RC-PHYSICIAN OPT PR 442QB         YES
                                                      RC-PHYSICIAN OPT MN 442QB         YES
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CC-TF-RX	OUTPA		JAN 1,2018			RX COST	YES
RATE TYPE: CC WORKERS' COMP							
CC-WC-INPT	INPAT		DEC 19,2003			RC-INPT R&B 442	YES
						RC-INPT ANC 442	YES
						RC-INPT FAC PR 442	YES
						RC-INPT FAC HR 442	YES
						RC-INPT FAC ML 442	YES
						RC-INPT R&B ICU 442	YES
						RC-INPT ANC ICU 442	YES
						RC-PHYSICIAN INPT PR 442	YES
						RC-PHYSICIAN INPT MN 442	YES
CC-WC-SNF	INPAT	SKILLED NU	DEC 19,2003			RC-SNF INC 442	YES
						RC-SNF FAC PR 442	YES
						RC-SNF FAC HR 442	YES
						RC-SNF FAC ML 442	YES
						RC-PHYSICIAN SNF PR 442	YES
						RC-PHYSICIAN SNF MN 442	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CC-WC-OPT	OUTPA		DEC 19,2003			RC-PHYSICIAN FS PR 442GB	YES
						RC-PHYSICIAN FS PR 442GC	YES
						RC-PHYSICIAN FS PR 442GD	YES
						RC-PHYSICIAN FS MN 442GD	YES
						RC-PHYSICIAN FS ML 442GD	YES
						RC-OPT FAC PR 442	YES
						RC-OPT FAC HR 442	YES
						RC-OPT FAC ML 442	YES
						RC-OPT MISC 442	
						RC-PHYSICIAN OPT PR 442	YES
						RC-PHYSICIAN OPT MN 442	YES
						RC-PHYSICIAN FS MN 442GB	YES
						RC-PHYSICIAN FS ML 442GB	YES
						RC-PHYSICIAN FS MN 442GC	YES
						RC-PHYSICIAN FS ML 442GC	YES
						RC-OPT FAC PR 442GD	YES
						RC-OPT FAC HR 442GD	YES
						RC-OPT FAC ML 442GD	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-OPT MISC 442GD	
						RC-PHYSICIAN OPT PR 442GD	YES
						RC-PHYSICIAN OPT MN 442GD	YES
						RC-OPT FAC PR 442GC	YES

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                                                    RC-OPT FAC HR 442GC                   YES
                                                    RC-OPT FAC ML 442GC                   YES
                                                    RC-OPT MISC 442GC
                                                    RC-PHYSICIAN OPT PR 442GC             YES
                                                    RC-PHYSICIAN OPT MN 442GC             YES
                                                    RC-OPT FAC PR 442HK                   YES
                                                    RC-OPT FAC HR 442HK                   YES
                                                    RC-OPT FAC ML 442HK                   YES
                                                    RC-OPT MISC 442HK
                                                    RC-PHYSICIAN OPT PR 442HK             YES
                                                    RC-PHYSICIAN OPT MN 442HK             YES
                                                    RC-OPT FAC PR 442GB                   YES
                                                    RC-OPT FAC HR 442GB                   YES
                                                    RC-OPT FAC ML 442GB                   YES
RATE SCHEDULE List                                                       OCT 25, 2018@17:16   PAGE 22
                   BILL    BILL       EFFECTIVE     INACTIVE    CHARGES                           AUTO
NAME               TYPE    SERVICE    DATE          DATE        ADJUSTED    CHARGE SET            ADD
----------------------------------------------------------------------------------------------------
                                                    RC-OPT MISC 442GB
                                                    RC-PHYSICIAN OPT PR 442GB             YES
                                                    RC-PHYSICIAN OPT MN 442GB             YES
                                                    RC-OPT FAC PR 442MA                   YES
                                                    RC-OPT FAC HR 442MA                   YES
                                                    RC-OPT FAC ML 442MA                   YES
                                                    RC-OPT MISC 442MA
                                                    RC-PHYSICIAN OPT PR 442MA             YES
                                                    RC-PHYSICIAN OPT MN 442MA             YES
                                                    RC-PHYSICIAN FS PR 442QB              YES
                                                    RC-PHYSICIAN FS MN 442QB              YES
                                                    RC-PHYSICIAN FS ML 442QB              YES
                                                    RC-PHYSICIAN FS PR 442QA              YES
                                                    RC-PHYSICIAN FS MN 442QA              YES
                                                    RC-PHYSICIAN FS ML 442QA              YES
                                                    RC-OPT FAC PR 442QA                   YES
                                                    RC-OPT FAC HR 442QA                   YES
                                                    RC-OPT FAC ML 442QA                   YES
RATE SCHEDULE List                                                       OCT 25, 2018@17:16   PAGE 23
                   BILL    BILL       EFFECTIVE     INACTIVE    CHARGES                           AUTO
NAME               TYPE    SERVICE    DATE          DATE        ADJUSTED    CHARGE SET            ADD
----------------------------------------------------------------------------------------------------
                                                    RC-OPT MISC 442QA
                                                    RC-PHYSICIAN OPT PR 442QA             YES
                                                    RC-PHYSICIAN OPT MN 442QA             YES
                                                    RC-OPT FAC PR 442QB                   YES
                                                    RC-OPT FAC HR 442QB                   YES
                                                    RC-OPT FAC ML 442QB                   YES
                                                    RC-OPT MISC 442QB
                                                    RC-PHYSICIAN OPT PR 442QB             YES
                                                    RC-PHYSICIAN OPT MN 442QB             YES
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CC-WC-RX              OUTPA          JAN 1,2018                      RX COST                      YES
       RATE TYPE: CCN NO-FAULT AUTO
CCN-NF-INPT           INPAT          DEC 19,2003                     RC-INPT R&B 442              YES
                                                                     RC-INPT ANC 442             YES
                                                                     RC-INPT FAC PR 442          YES
                                                                     RC-INPT FAC HR 442          YES
                                                                     RC-INPT FAC ML 442          YES
                                                                     RC-INPT R&B ICU 442         YES
RATE SCHEDULE List                                                          OCT 25, 2018@17:16   PAGE 24
                   BILL    BILL     EFFECTIVE   INACTIVE   CHARGES                              AUTO
NAME               TYPE    SERVICE  DATE        DATE       ADJUSTED   CHARGE SET                ADD
-------------------------------------------------------------------------------------------------------
                                                                     RC-INPT ANC ICU 442         YES
                                                                     RC-PHYSICIAN INPT PR 442    YES
                                                                     RC-PHYSICIAN INPT MN 442    YES
CCN-NF-SNF            INPAT  SKILLED NU DEC 19,2003                   RC-SNF INC 442              YES
                                                                     RC-SNF FAC PR 442           YES
                                                                     RC-SNF FAC HR 442           YES
                                                                     RC-SNF FAC ML 442           YES
                                                                     RC-PHYSICIAN SNF PR 442     YES
                                                                     RC-PHYSICIAN SNF MN 442     YES
CCN-NF-OPT           OUTPA          DEC 19,2003                       RC-PHYSICIAN FS PR 442GB    YES
                                                                     RC-PHYSICIAN FS PR 442GC    YES
                                                                     RC-PHYSICIAN FS PR 442GD    YES
                                                                     RC-PHYSICIAN FS MN 442GD    YES
                                                                     RC-PHYSICIAN FS ML 442GD    YES
                                                                     RC-OPT FAC PR 442           YES
                                                                     RC-OPT FAC HR 442           YES
                                                                     RC-OPT FAC ML 442           YES
                                                                     RC-OPT MISC 442
RATE SCHEDULE List                                                          OCT 25, 2018@17:16   PAGE 25
                   BILL    BILL     EFFECTIVE   INACTIVE   CHARGES                              AUTO
NAME               TYPE    SERVICE  DATE        DATE       ADJUSTED   CHARGE SET                ADD
-------------------------------------------------------------------------------------------------------
                                                                     RC-PHYSICIAN OPT PR 442     YES
                                                                     RC-PHYSICIAN OPT MN 442     YES
                                                                     RC-PHYSICIAN FS MN 442GB    YES
                                                                     RC-PHYSICIAN FS ML 442GB    YES
                                                                     RC-PHYSICIAN FS MN 442GC    YES
                                                                     RC-PHYSICIAN FS ML 442GC    YES
                                                                     RC-OPT FAC PR 442GD         YES
                                                                     RC-OPT FAC HR 442GD         YES
                                                                     RC-OPT FAC ML 442GD         YES
                                                                     RC-OPT MISC 442GD
                                                                     RC-PHYSICIAN OPT PR 442GD   YES
                                                                     RC-PHYSICIAN OPT MN 442GD   YES
                                                                     RC-OPT FAC PR 442GC         YES
                                                                     RC-OPT FAC HR 442GC         YES
                                                                     RC-OPT FAC ML 442GC         YES
                                                                     RC-OPT MISC 442GC
                                                                     RC-PHYSICIAN OPT PR 442GC   YES
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                                                      RC-PHYSICIAN OPT MN 442GC      YES
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 26
               BILL  BILL      EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME           TYPE  SERVICE   DATE        DATE       ADJUSTED  CHARGE SET             ADD
----------------------------------------------------------------------------------------------------
                                                      RC-OPT FAC PR 442HK            YES
                                                      RC-OPT FAC HR 442HK            YES
                                                      RC-OPT FAC ML 442HK            YES
                                                      RC-OPT MISC 442HK
                                                      RC-PHYSICIAN OPT PR 442HK      YES
                                                      RC-PHYSICIAN OPT MN 442HK      YES
                                                      RC-OPT FAC PR 442GB            YES
                                                      RC-OPT FAC HR 442GB            YES
                                                      RC-OPT FAC ML 442GB            YES
                                                      RC-OPT MISC 442GB
                                                      RC-PHYSICIAN OPT PR 442GB      YES
                                                      RC-PHYSICIAN OPT MN 442GB      YES
                                                      RC-OPT FAC PR 442MA            YES
                                                      RC-OPT FAC HR 442MA            YES
                                                      RC-OPT FAC ML 442MA            YES
                                                      RC-OPT MISC 442MA
                                                      RC-PHYSICIAN OPT PR 442MA      YES
                                                      RC-PHYSICIAN OPT MN 442MA      YES
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 27
               BILL  BILL      EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME           TYPE  SERVICE   DATE        DATE       ADJUSTED  CHARGE SET             ADD
----------------------------------------------------------------------------------------------------
                                                      RC-PHYSICIAN FS PR 442QB       YES
                                                      RC-PHYSICIAN FS MN 442QB       YES
                                                      RC-PHYSICIAN FS ML 442QB       YES
                                                      RC-PHYSICIAN FS PR 442QA       YES
                                                      RC-PHYSICIAN FS MN 442QA       YES
                                                      RC-PHYSICIAN FS ML 442QA       YES
                                                      RC-OPT FAC PR 442QA            YES
                                                      RC-OPT FAC HR 442QA            YES
                                                      RC-OPT FAC ML 442QA            YES
                                                      RC-OPT MISC 442QA
                                                      RC-PHYSICIAN OPT PR 442QA      YES
                                                      RC-PHYSICIAN OPT MN 442QA      YES
                                                      RC-OPT FAC PR 442QB            YES
                                                      RC-OPT FAC HR 442QB            YES
                                                      RC-OPT FAC ML 442QB            YES
                                                      RC-OPT MISC 442QB
                                                      RC-PHYSICIAN OPT PR 442QB      YES
                                                      RC-PHYSICIAN OPT MN 442QB      YES
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CCN-NF-RX	OUTPA		JAN 1,2018			RX COST	YES
RATE TYPE: CCN REIMB INS							
CCN-RI-INPT	INPAT		DEC 19,2003			RC-INPT R&B 442	YES
						RC-INPT ANC 442	YES
						RC-INPT FAC PR 442	YES
						RC-INPT FAC HR 442	YES
						RC-INPT FAC ML 442	YES
						RC-INPT R&B ICU 442	YES
						RC-INPT ANC ICU 442	YES
						RC-PHYSICIAN INPT PR 442	YES
						RC-PHYSICIAN INPT MN 442	YES
CCN-RI-SNF	INPAT	SKILLED NU	DEC 19,2003			RC-SNF INC 442	YES
						RC-SNF FAC PR 442	YES
						RC-SNF FAC HR 442	YES
						RC-SNF FAC ML 442	YES
						RC-PHYSICIAN SNF PR 442	YES
						RC-PHYSICIAN SNF MN 442	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CCN-RI-OPT	OUTPA		DEC 19,2003			RC-PHYSICIAN FS PR 442GB	YES
						RC-PHYSICIAN FS PR 442GC	YES
						RC-PHYSICIAN FS PR 442GD	YES
						RC-PHYSICIAN FS MN 442GD	YES
						RC-PHYSICIAN FS ML 442GD	YES
						RC-OPT FAC PR 442	YES
						RC-OPT FAC HR 442	YES
						RC-OPT FAC ML 442	YES
						RC-OPT MISC 442	
						RC-PHYSICIAN OPT PR 442	YES
						RC-PHYSICIAN OPT MN 442	YES
						RC-PHYSICIAN FS MN 442GB	YES
						RC-PHYSICIAN FS ML 442GB	YES
						RC-PHYSICIAN FS MN 442GC	YES
						RC-PHYSICIAN FS ML 442GC	YES
						RC-OPT FAC PR 442GD	YES
						RC-OPT FAC HR 442GD	YES
						RC-OPT FAC ML 442GD	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-OPT MISC 442GD	
						RC-PHYSICIAN OPT PR 442GD	YES
						RC-PHYSICIAN OPT MN 442GD	YES
						RC-OPT FAC PR 442GC	YES

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                                                   RC-OPT FAC HR 442GC              YES
                                                   RC-OPT FAC ML 442GC              YES
                                                   RC-OPT MISC 442GC
                                                   RC-PHYSICIAN OPT PR 442GC        YES
                                                   RC-PHYSICIAN OPT MN 442GC        YES
                                                   RC-OPT FAC PR 442HK              YES
                                                   RC-OPT FAC HR 442HK              YES
                                                   RC-OPT FAC ML 442HK              YES
                                                   RC-OPT MISC 442HK
                                                   RC-PHYSICIAN OPT PR 442HK        YES
                                                   RC-PHYSICIAN OPT MN 442HK        YES
                                                   RC-OPT FAC PR 442GB              YES
                                                   RC-OPT FAC HR 442GB              YES
                                                   RC-OPT FAC ML 442GB              YES
RATE SCHEDULE List                                                 OCT 25, 2018@17:16   PAGE 31
                 BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME             TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET            ADD
------------------------------------------------------------------------------------------------
                                                   RC-OPT MISC 442GB
                                                   RC-PHYSICIAN OPT PR 442GB        YES
                                                   RC-PHYSICIAN OPT MN 442GB        YES
                                                   RC-OPT FAC PR 442MA              YES
                                                   RC-OPT FAC HR 442MA              YES
                                                   RC-OPT FAC ML 442MA              YES
                                                   RC-OPT MISC 442MA
                                                   RC-PHYSICIAN OPT PR 442MA        YES
                                                   RC-PHYSICIAN OPT MN 442MA        YES
                                                   RC-PHYSICIAN FS PR 442QB         YES
                                                   RC-PHYSICIAN FS MN 442QB         YES
                                                   RC-PHYSICIAN FS ML 442QB         YES
                                                   RC-PHYSICIAN FS PR 442QA         YES
                                                   RC-PHYSICIAN FS MN 442QA         YES
                                                   RC-PHYSICIAN FS ML 442QA         YES
                                                   RC-OPT FAC PR 442QA              YES
                                                   RC-OPT FAC HR 442QA              YES
                                                   RC-OPT FAC ML 442QA              YES
RATE SCHEDULE List                                                 OCT 25, 2018@17:16   PAGE 32
                 BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME             TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET            ADD
------------------------------------------------------------------------------------------------
                                                   RC-OPT MISC 442QA
                                                   RC-PHYSICIAN OPT PR 442QA        YES
                                                   RC-PHYSICIAN OPT MN 442QA        YES
                                                   RC-OPT FAC PR 442QB              YES
                                                   RC-OPT FAC HR 442QB              YES
                                                   RC-OPT FAC ML 442QB              YES
                                                   RC-OPT MISC 442QB
                                                   RC-PHYSICIAN OPT PR 442QB        YES
                                                   RC-PHYSICIAN OPT MN 442QB        YES
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CCN-RI-RX             OUTPA         JAN 1,2018                      RX COST                      YES
      RATE TYPE: CCN TORT FEASOR
CCN-TF-INPT           INPAT         JAN 7,2004                      RC-INPT R&B 442              YES
                                                                   RC-INPT ANC 442             YES
                                                                   RC-INPT FAC PR 442          YES
                                                                   RC-INPT FAC HR 442          YES
                                                                   RC-INPT FAC ML 442          YES
                                                                   RC-INPT R&B ICU 442         YES
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                                                                   RC-INPT ANC ICU 442         YES
                                                                   RC-PHYSICIAN INPT PR 442    YES
                                                                   RC-PHYSICIAN INPT MN 442    YES
CCN-TF-SNF            INPAT  SKILLED NU JAN 7,2004                  RC-SNF INC 442              YES
                                                                   RC-SNF FAC PR 442           YES
                                                                   RC-SNF FAC HR 442           YES
                                                                   RC-SNF FAC ML 442           YES
                                                                   RC-PHYSICIAN SNF PR 442     YES
                                                                   RC-PHYSICIAN SNF MN 442     YES
CCN-TF-OPT           OUTPA          JAN 7,2004                      RC-PHYSICIAN FS PR 442GB    YES
                                                                   RC-PHYSICIAN FS PR 442GC    YES
                                                                   RC-PHYSICIAN FS PR 442GD    YES
                                                                   RC-PHYSICIAN FS MN 442GD    YES
                                                                   RC-PHYSICIAN FS ML 442GD    YES
                                                                   RC-OPT FAC PR 442           YES
                                                                   RC-OPT FAC HR 442           YES
                                                                   RC-OPT FAC ML 442           YES
                                                                   RC-OPT MISC 442
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                                                                   RC-PHYSICIAN OPT PR 442     YES
                                                                   RC-PHYSICIAN OPT MN 442     YES
                                                                   RC-PHYSICIAN FS MN 442GB    YES
                                                                   RC-PHYSICIAN FS ML 442GB    YES
                                                                   RC-PHYSICIAN FS MN 442GC    YES
                                                                   RC-PHYSICIAN FS ML 442GC    YES
                                                                   RC-OPT FAC PR 442GD         YES
                                                                   RC-OPT FAC HR 442GD         YES
                                                                   RC-OPT FAC ML 442GD         YES
                                                                   RC-OPT MISC 442GD
                                                                   RC-PHYSICIAN OPT PR 442GD   YES
                                                                   RC-PHYSICIAN OPT MN 442GD   YES
                                                                   RC-OPT FAC PR 442GC         YES
                                                                   RC-OPT FAC HR 442GC         YES
                                                                   RC-OPT FAC ML 442GC         YES
                                                                   RC-OPT MISC 442GC
                                                                   RC-PHYSICIAN OPT PR 442GC   YES
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                                                           RC-PHYSICIAN OPT MN 442GC         YES
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 35
                   BILL   BILL      EFFECTIVE   INACTIVE    CHARGES                          AUTO
NAME               TYPE   SERVICE   DATE        DATE        ADJUSTED   CHARGE SET            ADD
-----------------------------------------------------------------------------------------------------
                                                           RC-OPT FAC PR 442HK               YES
                                                           RC-OPT FAC HR 442HK               YES
                                                           RC-OPT FAC ML 442HK               YES
                                                           RC-OPT MISC 442HK
                                                           RC-PHYSICIAN OPT PR 442HK         YES
                                                           RC-PHYSICIAN OPT MN 442HK         YES
                                                           RC-OPT FAC PR 442GB               YES
                                                           RC-OPT FAC HR 442GB               YES
                                                           RC-OPT FAC ML 442GB               YES
                                                           RC-OPT MISC 442GB
                                                           RC-PHYSICIAN OPT PR 442GB         YES
                                                           RC-PHYSICIAN OPT MN 442GB         YES
                                                           RC-OPT FAC PR 442MA               YES
                                                           RC-OPT FAC HR 442MA               YES
                                                           RC-OPT FAC ML 442MA               YES
                                                           RC-OPT MISC 442MA
                                                           RC-PHYSICIAN OPT PR 442MA         YES
                                                           RC-PHYSICIAN OPT MN 442MA         YES
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 36
                   BILL   BILL      EFFECTIVE   INACTIVE    CHARGES                          AUTO
NAME               TYPE   SERVICE   DATE        DATE        ADJUSTED   CHARGE SET            ADD
-----------------------------------------------------------------------------------------------------
                                                           RC-PHYSICIAN FS PR 442QB          YES
                                                           RC-PHYSICIAN FS MN 442QB          YES
                                                           RC-PHYSICIAN FS ML 442QB          YES
                                                           RC-PHYSICIAN FS PR 442QA          YES
                                                           RC-PHYSICIAN FS MN 442QA          YES
                                                           RC-PHYSICIAN FS ML 442QA          YES
                                                           RC-OPT FAC PR 442QA               YES
                                                           RC-OPT FAC HR 442QA               YES
                                                           RC-OPT FAC ML 442QA               YES
                                                           RC-OPT MISC 442QA
                                                           RC-PHYSICIAN OPT PR 442QA         YES
                                                           RC-PHYSICIAN OPT MN 442QA         YES
                                                           RC-OPT FAC PR 442QB               YES
                                                           RC-OPT FAC HR 442QB               YES
                                                           RC-OPT FAC ML 442QB               YES
                                                           RC-OPT MISC 442QB
                                                           RC-PHYSICIAN OPT PR 442QB         YES
                                                           RC-PHYSICIAN OPT MN 442QB         YES
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CCN-TF-RX	OUTPA		JAN 1,2018			RX COST	YES

RATE TYPE: CCN WORKERS' COMP

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CCN-WC-INPT	INPAT		DEC 19,2003			RC-INPT R&B 442	YES
						RC-INPT ANC 442	YES
						RC-INPT FAC PR 442	YES
						RC-INPT FAC HR 442	YES
						RC-INPT FAC ML 442	YES
						RC-INPT R&B ICU 442	YES
						RC-INPT ANC ICU 442	YES
						RC-PHYSICIAN INPT PR 442	YES
						RC-PHYSICIAN INPT MN 442	YES
CCN-WC-SNF	INPAT	SKILLED NU	DEC 19,2003			RC-SNF INC 442	YES
						RC-SNF FAC PR 442	YES
						RC-SNF FAC HR 442	YES
						RC-SNF FAC ML 442	YES
						RC-PHYSICIAN SNF PR 442	YES
						RC-PHYSICIAN SNF MN 442	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CCN-WC-OPT	OUTPA		DEC 19,2003			RC-PHYSICIAN FS PR 442GB	YES
						RC-PHYSICIAN FS PR 442GC	YES
						RC-PHYSICIAN FS PR 442GD	YES
						RC-PHYSICIAN FS MN 442GD	YES
						RC-PHYSICIAN FS ML 442GD	YES
						RC-OPT FAC PR 442	YES
						RC-OPT FAC HR 442	YES
						RC-OPT FAC ML 442	YES
						RC-OPT MISC 442	
						RC-PHYSICIAN OPT PR 442	YES
						RC-PHYSICIAN OPT MN 442	YES
						RC-PHYSICIAN FS MN 442GB	YES
						RC-PHYSICIAN FS ML 442GB	YES
						RC-PHYSICIAN FS MN 442GC	YES
						RC-PHYSICIAN FS ML 442GC	YES
						RC-OPT FAC PR 442GD	YES
						RC-OPT FAC HR 442GD	YES
						RC-OPT FAC ML 442GD	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-OPT MISC 442GD	
						RC-PHYSICIAN OPT PR 442GD	YES
						RC-PHYSICIAN OPT MN 442GD	YES
						RC-OPT FAC PR 442GC	YES

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                                                          RC-OPT FAC HR 442GC              YES
                                                          RC-OPT FAC ML 442GC              YES
                                                          RC-OPT MISC 442GC
                                                          RC-PHYSICIAN OPT PR 442GC        YES
                                                          RC-PHYSICIAN OPT MN 442GC        YES
                                                          RC-OPT FAC PR 442HK              YES
                                                          RC-OPT FAC HR 442HK              YES
                                                          RC-OPT FAC ML 442HK              YES
                                                          RC-OPT MISC 442HK
                                                          RC-PHYSICIAN OPT PR 442HK        YES
                                                          RC-PHYSICIAN OPT MN 442HK        YES
                                                          RC-OPT FAC PR 442GB              YES
                                                          RC-OPT FAC HR 442GB              YES
                                                          RC-OPT FAC ML 442GB              YES
RATE SCHEDULE List                                                  OCT 25, 2018@17:16   PAGE 40
                BILL    BILL     EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME            TYPE    SERVICE  DATE        DATE       ADJUSTED   CHARGE SET              ADD
------------------------------------------------------------------------------------------------
                                                          RC-OPT MISC 442GB
                                                          RC-PHYSICIAN OPT PR 442GB        YES
                                                          RC-PHYSICIAN OPT MN 442GB        YES
                                                          RC-OPT FAC PR 442MA              YES
                                                          RC-OPT FAC HR 442MA              YES
                                                          RC-OPT FAC ML 442MA              YES
                                                          RC-OPT MISC 442MA
                                                          RC-PHYSICIAN OPT PR 442MA        YES
                                                          RC-PHYSICIAN OPT MN 442MA        YES
                                                          RC-PHYSICIAN FS PR 442QB         YES
                                                          RC-PHYSICIAN FS MN 442QB         YES
                                                          RC-PHYSICIAN FS ML 442QB         YES
                                                          RC-PHYSICIAN FS PR 442QA         YES
                                                          RC-PHYSICIAN FS MN 442QA         YES
                                                          RC-PHYSICIAN FS ML 442QA         YES
                                                          RC-OPT FAC PR 442QA              YES
                                                          RC-OPT FAC HR 442QA              YES
                                                          RC-OPT FAC ML 442QA              YES
RATE SCHEDULE List                                                  OCT 25, 2018@17:16   PAGE 41
                BILL    BILL     EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME            TYPE    SERVICE  DATE        DATE       ADJUSTED   CHARGE SET              ADD
------------------------------------------------------------------------------------------------
                                                          RC-OPT MISC 442QA
                                                          RC-PHYSICIAN OPT PR 442QA        YES
                                                          RC-PHYSICIAN OPT MN 442QA        YES
                                                          RC-OPT FAC PR 442QB              YES
                                                          RC-OPT FAC HR 442QB              YES
                                                          RC-OPT FAC ML 442QB              YES
                                                          RC-OPT MISC 442QB
                                                          RC-PHYSICIAN OPT PR 442QB        YES
                                                          RC-PHYSICIAN OPT MN 442QB        YES
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CCN-WC-RX              OUTPA            JAN 1,2018                            RX COST                          YES
        RATE TYPE: CHAMPVA
CVA-INPT               INPAT            JAN 1,2010                            RC-INPT R&B 442                  YES
                                                                             RC-INPT ANC 442                  YES
                                                                             RC-INPT FAC PR 442               YES
                                                                             RC-INPT FAC HR 442               YES
                                                                             RC-INPT FAC ML 442               YES
                                                                             RC-INPT R&B ICU 442              YES
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                                                                             RC-INPT ANC ICU 442              YES
                                                                             RC-PHYSICIAN INPT PR 442         YES
                                                                             RC-PHYSICIAN INPT MN 442         YES
CVA-SNF                INPAT  SKILLED NU JAN 1,2010                           RC-SNF INC 442                   YES
                                                                             RC-SNF FAC PR 442                YES
                                                                             RC-SNF FAC HR 442                YES
                                                                             RC-SNF FAC ML 442                YES
                                                                             RC-PHYSICIAN SNF PR 442          YES
                                                                             RC-PHYSICIAN SNF MN 442          YES
CVA-OPT                OUTPA            JAN 1,2010                            RC-PHYSICIAN FS PR 442GB         YES
                                                                             RC-PHYSICIAN FS PR 442GC         YES
                                                                             RC-PHYSICIAN FS PR 442GD         YES
                                                                             RC-PHYSICIAN FS MN 442GD         YES
                                                                             RC-PHYSICIAN FS ML 442GD         YES
                                                                             RC-OPT FAC PR 442                YES
                                                                             RC-OPT FAC HR 442                YES
                                                                             RC-OPT FAC ML 442                YES
                                                                             RC-OPT MISC 442
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                                                                             RC-PHYSICIAN OPT PR 442          YES
                                                                             RC-PHYSICIAN OPT MN 442          YES
                                                                             RC-PHYSICIAN FS MN 442GB         YES
                                                                             RC-PHYSICIAN FS ML 442GB         YES
                                                                             RC-PHYSICIAN FS MN 442GC         YES
                                                                             RC-PHYSICIAN FS ML 442GC         YES
                                                                             RC-OPT FAC PR 442GD              YES
                                                                             RC-OPT FAC HR 442GD              YES
                                                                             RC-OPT FAC ML 442GD              YES
                                                                             RC-OPT MISC 442GD
                                                                             RC-PHYSICIAN OPT PR 442GD        YES
                                                                             RC-PHYSICIAN OPT MN 442GD        YES
                                                                             RC-OPT FAC PR 442GC              YES
                                                                             RC-OPT FAC HR 442GC              YES
                                                                             RC-OPT FAC ML 442GC              YES
                                                                             RC-OPT MISC 442GC
                                                                             RC-PHYSICIAN OPT PR 442GC        YES
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                                                      RC-PHYSICIAN OPT MN 442GC        YES
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 44
                 BILL   BILL    EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME             TYPE   SERVICE DATE         DATE        ADJUSTED    CHARGE SET                 ADD
--------------------------------------------------------------------------------------------------
                                                      RC-OPT FAC PR 442HK              YES
                                                      RC-OPT FAC HR 442HK              YES
                                                      RC-OPT FAC ML 442HK              YES
                                                      RC-OPT MISC 442HK
                                                      RC-PHYSICIAN OPT PR 442HK        YES
                                                      RC-PHYSICIAN OPT MN 442HK        YES
                                                      RC-OPT FAC PR 442GB              YES
                                                      RC-OPT FAC HR 442GB              YES
                                                      RC-OPT FAC ML 442GB              YES
                                                      RC-OPT MISC 442GB
                                                      RC-PHYSICIAN OPT PR 442GB        YES
                                                      RC-PHYSICIAN OPT MN 442GB        YES
                                                      RC-OPT FAC PR 442MA              YES
                                                      RC-OPT FAC HR 442MA              YES
                                                      RC-OPT FAC ML 442MA              YES
                                                      RC-OPT MISC 442MA
                                                      RC-PHYSICIAN OPT PR 442MA        YES
                                                      RC-PHYSICIAN OPT MN 442MA        YES
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 45
                 BILL   BILL    EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME             TYPE   SERVICE DATE         DATE        ADJUSTED    CHARGE SET                 ADD
--------------------------------------------------------------------------------------------------
                                                      RC-PHYSICIAN FS PR 442QB         YES
                                                      RC-PHYSICIAN FS MN 442QB         YES
                                                      RC-PHYSICIAN FS ML 442QB         YES
                                                      RC-PHYSICIAN FS PR 442QA         YES
                                                      RC-PHYSICIAN FS MN 442QA         YES
                                                      RC-PHYSICIAN FS ML 442QA         YES
                                                      RC-OPT FAC PR 442QA              YES
                                                      RC-OPT FAC HR 442QA              YES
                                                      RC-OPT FAC ML 442QA              YES
                                                      RC-OPT MISC 442QA
                                                      RC-PHYSICIAN OPT PR 442QA        YES
                                                      RC-PHYSICIAN OPT MN 442QA        YES
                                                      RC-OPT FAC PR 442QB              YES
                                                      RC-OPT FAC HR 442QB              YES
                                                      RC-OPT FAC ML 442QB              YES
                                                      RC-OPT MISC 442QB
                                                      RC-PHYSICIAN OPT PR 442QB        YES
                                                      RC-PHYSICIAN OPT MN 442QB        YES
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RATE SCHEDULE List                                                    OCT 25, 2018@17:16   PAGE 46
                    BILL   BILL       EFFECTIVE    INACTIVE   CHARGES                        AUTO
NAME                TYPE   SERVICE    DATE         DATE       ADJUSTED   CHARGE SET          ADD
----------------------------------------------------------------------------------------------------
CVA-RX              OUTPA  PRESCRIPTI JAN 1,2010              YES        RX COST             YES
CHAMPVA RX COST+5   OUTPA  PRESCRIPTI              DEC 31,2009 YES       RX COST             YES
CHAMPVA OPT         OUTPA  OUTPATIENT              DEC 31,2009           CMAC 389 C1 WYO     YES
                                                                        CMAC 314 C1 COLO    YES
                                                                        CMAC 314 FAC/PHYS   YES
                                                                        CMAC 314 FAC/NONPHYS
                                                                        CMAC 389 FAC/PHYS   YES
                                                                        CMAC 389 FAC/NONPHYS
                                                                        CMAC 314 NONFAC/PHYS
                                                                        CMAC 314 NONFAC/NONPHYS
                                                                        CMAC 389 NONFAC/PHYS
            RATE TYPE: CHAMPVA REIMB. INS.                              CMAC 389 NONFAC/NONPHYS
RATE SCHEDULE List                                                    OCT 25, 2018@17:16   PAGE 47
                    BILL   BILL       EFFECTIVE    INACTIVE   CHARGES                        AUTO
NAME                TYPE   SERVICE    DATE         DATE       ADJUSTED   CHARGE SET          ADD
----------------------------------------------------------------------------------------------------
CVA RI-INPT         INPAT             JAN 1,2010                         RC-INPT R&B 442     YES
                                                                        RC-INPT ANC 442     YES
                                                                        RC-INPT FAC PR 442  YES
                                                                        RC-INPT FAC HR 442  YES
                                                                        RC-INPT FAC ML 442  YES
                                                                        RC-INPT R&B ICU 442 YES
                                                                        RC-INPT ANC ICU 442 YES
                                                                        RC-PHYSICIAN INPT PR 442 YES
                                                                        RC-PHYSICIAN INPT MN 442 YES
CVA RI-SNF          INPAT  SKILLED NU JAN 1,2010                         RC-SNF INC 442      YES
                                                                        RC-SNF FAC PR 442   YES
                                                                        RC-SNF FAC HR 442   YES
                                                                        RC-SNF FAC ML 442   YES
                                                                        RC-PHYSICIAN SNF PR 442 YES
                                                                        RC-PHYSICIAN SNF MN 442 YES
CHAMPVA REIMB INS   INPAT  INPATIENT  DEC 19,2003  DEC 31,2009          RC-OPT FAC HR 442   YES
                                                                        RC-OPT FAC ML 442   YES
                                                                        RC-OPT FAC PR 442   YES
RATE SCHEDULE List                                                    OCT 25, 2018@17:16   PAGE 48
                    BILL   BILL       EFFECTIVE    INACTIVE   CHARGES                        AUTO
NAME                TYPE   SERVICE    DATE         DATE       ADJUSTED   CHARGE SET          ADD
----------------------------------------------------------------------------------------------------
                                                                        RC-OPT MISC 442     YES
                                                                        RC-PHYSICIAN OPT MN 442 YES
                                                                        RC-PHYSICIAN OPT PR 442 YES
                                                                        RC-PHYSICIAN 442GC
                                                                        RC-PHYSICIAN 442GD
                                                                        RC-PHYSICIAN FS PR 442GB YES
                                                                        RC-PHYSICIAN FS PR 442GC YES
                                                                        RC-PHYSICIAN FS ML 442GD YES
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                                                          RC-PHYSICIAN FS MN 442GB          YES
                                                          RC-PHYSICIAN FS MN 442GC          YES
                                                          RC-PHYSICIAN FS MN 442GD          YES
                                                          RC-PHYSICIAN FS PR 442GD          YES
                                                          RC-INPT ANC 442                   YES
                                                          RC-INPT ANC ICU 442               YES
                                                          RC-INPT R&B 442                   YES
                                                          RC-INPT R&B ICU 442               YES
RATE SCHEDULE List                                                       OCT 25, 2018@17:16   PAGE 49
                BILL   BILL      EFFECTIVE    INACTIVE   CHARGES                              AUTO
NAME            TYPE   SERVICE   DATE         DATE       ADJUSTED   CHARGE SET                ADD
---------------------------------------------------------------------------------------------------
CVA RI-OPT      OUTPA            JAN 1,2010                         RC-PHYSICIAN FS PR 442GB          YES
                                                                   RC-PHYSICIAN FS PR 442GC          YES
                                                                   RC-PHYSICIAN FS PR 442GD          YES
                                                                   RC-PHYSICIAN FS MN 442GD          YES
                                                                   RC-PHYSICIAN FS ML 442GD          YES
                                                                   RC-OPT FAC PR 442                 YES
                                                                   RC-OPT FAC HR 442                 YES
                                                                   RC-OPT FAC ML 442                 YES
                                                                   RC-OPT MISC 442
                                                                   RC-PHYSICIAN OPT PR 442           YES
                                                                   RC-PHYSICIAN OPT MN 442           YES
                                                                   RC-PHYSICIAN FS MN 442GB          YES
                                                                   RC-PHYSICIAN FS ML 442GB          YES
                                                                   RC-PHYSICIAN FS MN 442GC          YES
                                                                   RC-PHYSICIAN FS ML 442GC          YES
                                                                   RC-OPT FAC PR 442GD               YES
                                                                   RC-OPT FAC HR 442GD               YES
                                                                   RC-OPT FAC ML 442GD               YES
RATE SCHEDULE List                                                       OCT 25, 2018@17:16   PAGE 50
                BILL   BILL      EFFECTIVE    INACTIVE   CHARGES                              AUTO
NAME            TYPE   SERVICE   DATE         DATE       ADJUSTED   CHARGE SET                ADD
---------------------------------------------------------------------------------------------------
                                                                   RC-OPT MISC 442GD
                                                                   RC-PHYSICIAN OPT PR 442GD         YES
                                                                   RC-PHYSICIAN OPT MN 442GD         YES
                                                                   RC-OPT FAC PR 442GC               YES
                                                                   RC-OPT FAC HR 442GC               YES
                                                                   RC-OPT FAC ML 442GC               YES
                                                                   RC-OPT MISC 442GC
                                                                   RC-PHYSICIAN OPT PR 442GC         YES
                                                                   RC-PHYSICIAN OPT MN 442GC         YES
                                                                   RC-OPT FAC PR 442HK               YES
                                                                   RC-OPT FAC HR 442HK               YES
                                                                   RC-OPT FAC ML 442HK               YES
                                                                   RC-OPT MISC 442HK
                                                                   RC-PHYSICIAN OPT PR 442HK         YES
                                                                   RC-PHYSICIAN OPT MN 442HK         YES
                                                                   RC-OPT FAC PR 442GB               YES
                                                                   RC-OPT FAC HR 442GB               YES
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                                                      RC-OPT FAC ML 442GB              YES
RATE SCHEDULE List                                                         OCT 25, 2018@17:16   PAGE 51
                        BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                           AUTO
NAME                    TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET             ADD
-----------------------------------------------------------------------------------------------------
                                                                          RC-OPT MISC 442GB
                                                                          RC-PHYSICIAN OPT PR 442GB   YES
                                                                          RC-PHYSICIAN OPT MN 442GB   YES
                                                                          RC-OPT FAC PR 442MA         YES
                                                                          RC-OPT FAC HR 442MA         YES
                                                                          RC-OPT FAC ML 442MA         YES
                                                                          RC-OPT MISC 442MA
                                                                          RC-PHYSICIAN OPT PR 442MA   YES
                                                                          RC-PHYSICIAN OPT MN 442MA   YES
                                                                          RC-PHYSICIAN FS PR 442QB    YES
                                                                          RC-PHYSICIAN FS MN 442QB    YES
                                                                          RC-PHYSICIAN FS ML 442QB    YES
                                                                          RC-PHYSICIAN FS PR 442QA    YES
                                                                          RC-PHYSICIAN FS MN 442QA    YES
                                                                          RC-PHYSICIAN FS ML 442QA    YES
                                                                          RC-OPT FAC PR 442QA         YES
                                                                          RC-OPT FAC HR 442QA         YES
                                                                          RC-OPT FAC ML 442QA         YES
RATE SCHEDULE List                                                         OCT 25, 2018@17:16   PAGE 52
                        BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                           AUTO
NAME                    TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET             ADD
-----------------------------------------------------------------------------------------------------
                                                                          RC-OPT MISC 442QA
                                                                          RC-PHYSICIAN OPT PR 442QA   YES
                                                                          RC-PHYSICIAN OPT MN 442QA   YES
                                                                          RC-OPT FAC PR 442QB         YES
                                                                          RC-OPT FAC HR 442QB         YES
                                                                          RC-OPT FAC ML 442QB         YES
                                                                          RC-OPT MISC 442QB
                                                                          RC-PHYSICIAN OPT PR 442QB   YES
                                                                          RC-PHYSICIAN OPT MN 442QB   YES
CVA RI-RX             OUTPA  PRESCRIPTI  JAN 1,2010              YES        RX COST                    YES
CHAMPVA REINS COST+5  OUTPA  PRESCRIPTI              DEC 31,2009 YES        RX COST                    YES
CHAMPVA REIMB INS     OUTPA  OUTPATIENT              DEC 18,2003           RC-OPT FAC 442             YES
                                                                          RC-PHYSICIAN 442           YES
                                                                          RC-PHYSICIAN 442GB         YES
                                                                          RC-PHYSICIAN 442GC         YES
                                                                          RC-PHYSICIAN 442GD         YES
                                                                          RC-PHYSICIAN 442X1         YES
CHAMPVA REIMB INS     OUTPA  OUTPATIENT  DEC 19,2003 DEC 31,2009           RC-PHYSICIAN 442           YES
RATE SCHEDULE List                                                         OCT 25, 2018@17:16   PAGE 53
                        BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                           AUTO
NAME                    TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET             ADD
-----------------------------------------------------------------------------------------------------
                                                                          RC-PHYSICIAN 442GB         YES
                                                                          RC-PHYSICIAN 442GC         YES
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                                                          RC-PHYSICIAN 442GD            YES
                                                          RC-PHYSICIAN 442X1            YES
                                                          RC-PHYSICIAN FS ML 442GB      YES
                                                          RC-PHYSICIAN FS ML 442GC      YES
                                                          RC-PHYSICIAN FS ML 442GD      YES
                                                          RC-PHYSICIAN FS MN 442GB      YES
                                                          RC-PHYSICIAN FS MN 442GC      YES
                                                          RC-PHYSICIAN FS MN 442GD      YES
                                                          RC-PHYSICIAN FS PR 442GB      YES
                                                          RC-PHYSICIAN FS PR 442GC      YES
                                                          RC-PHYSICIAN FS PR 442GD      YES
                                                          RC-PHYSICIAN OPT MN 442       YES
                                                          RC-PHYSICIAN OPT PR 442       YES
                                                          RC-OPT FAC HR 442             YES
                                                          RC-OPT FAC ML 442             YES
                                                          RC-OPT FAC PR 442             YES
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
RATE TYPE: CHOICE NO-FAULT AUTO							
CCC-NF-INPT	INPAT		DEC 19,2003			RC-INPT R&B 442	YES
						RC-INPT ANC 442	YES
						RC-INPT FAC PR 442	YES
						RC-INPT FAC HR 442	YES
						RC-INPT FAC ML 442	YES
						RC-INPT R&B ICU 442	YES
						RC-INPT ANC ICU 442	YES
						RC-PHYSICIAN INPT PR 442	YES
						RC-PHYSICIAN INPT MN 442	YES
CCC-NF-SNF	INPAT	SKILLED NU	DEC 19,2003			RC-SNF INC 442	YES
						RC-SNF FAC PR 442	YES
						RC-SNF FAC HR 442	YES
						RC-SNF FAC ML 442	YES
						RC-PHYSICIAN SNF PR 442	YES
						RC-PHYSICIAN SNF MN 442	YES

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CCC-NF-OPT	OUTPA		DEC 19,2003			RC-PHYSICIAN FS PR 442GB	YES
						RC-PHYSICIAN FS PR 442GC	YES
						RC-PHYSICIAN FS PR 442GD	YES
						RC-PHYSICIAN FS MN 442GD	YES
						RC-PHYSICIAN FS ML 442GD	YES
						RC-OPT FAC PR 442	YES
						RC-OPT FAC HR 442	YES
						RC-OPT FAC ML 442	YES
						RC-OPT MISC 442	
						RC-PHYSICIAN OPT PR 442	YES
						RC-PHYSICIAN OPT MN 442	YES

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                                                RC-PHYSICIAN FS MN 442GB           YES
                                                RC-PHYSICIAN FS ML 442GB           YES
                                                RC-PHYSICIAN FS MN 442GC           YES
                                                RC-PHYSICIAN FS ML 442GC           YES
                                                RC-OPT FAC PR 442GD                YES
                                                RC-OPT FAC HR 442GD                YES
                                                RC-OPT FAC ML 442GD                YES
RATE SCHEDULE List                                              OCT 25, 2018@17:16   PAGE 56
                BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                       AUTO
NAME            TYPE   SERVICE DATE        DATE       ADJUSTED  CHARGE SET          ADD
-----------------------------------------------------------------------------------------
                                                RC-OPT MISC 442GD
                                                RC-PHYSICIAN OPT PR 442GD          YES
                                                RC-PHYSICIAN OPT MN 442GD          YES
                                                RC-OPT FAC PR 442GC                YES
                                                RC-OPT FAC HR 442GC                YES
                                                RC-OPT FAC ML 442GC                YES
                                                RC-OPT MISC 442GC
                                                RC-PHYSICIAN OPT PR 442GC          YES
                                                RC-PHYSICIAN OPT MN 442GC          YES
                                                RC-OPT FAC PR 442HK                YES
                                                RC-OPT FAC HR 442HK                YES
                                                RC-OPT FAC ML 442HK                YES
                                                RC-OPT MISC 442HK
                                                RC-PHYSICIAN OPT PR 442HK          YES
                                                RC-PHYSICIAN OPT MN 442HK          YES
                                                RC-OPT FAC PR 442GB                YES
                                                RC-OPT FAC HR 442GB                YES
                                                RC-OPT FAC ML 442GB                YES
RATE SCHEDULE List                                              OCT 25, 2018@17:16   PAGE 57
                BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                       AUTO
NAME            TYPE   SERVICE DATE        DATE       ADJUSTED  CHARGE SET          ADD
-----------------------------------------------------------------------------------------
                                                RC-OPT MISC 442GB
                                                RC-PHYSICIAN OPT PR 442GB          YES
                                                RC-PHYSICIAN OPT MN 442GB          YES
                                                RC-OPT FAC PR 442MA                YES
                                                RC-OPT FAC HR 442MA                YES
                                                RC-OPT FAC ML 442MA                YES
                                                RC-OPT MISC 442MA
                                                RC-PHYSICIAN OPT PR 442MA          YES
                                                RC-PHYSICIAN OPT MN 442MA          YES
                                                RC-PHYSICIAN FS PR 442QB           YES
                                                RC-PHYSICIAN FS MN 442QB           YES
                                                RC-PHYSICIAN FS ML 442QB           YES
                                                RC-PHYSICIAN FS PR 442QA           YES
                                                RC-PHYSICIAN FS MN 442QA           YES
                                                RC-PHYSICIAN FS ML 442QA           YES
                                                RC-OPT FAC PR 442QA                YES
                                                RC-OPT FAC HR 442QA                YES
                                                RC-OPT FAC ML 442QA                YES
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RATE SCHEDULE List                                              OCT 25, 2018@17:16  PAGE 58
                   BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                   AUTO
NAME               TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET     ADD
-----------------------------------------------------------------------------------------
                                                           RC-OPT MISC 442QA
                                                           RC-PHYSICIAN OPT PR 442QA   YES
                                                           RC-PHYSICIAN OPT MN 442QA   YES
                                                           RC-OPT FAC PR 442QB         YES
                                                           RC-OPT FAC HR 442QB         YES
                                                           RC-OPT FAC ML 442QB         YES
                                                           RC-OPT MISC 442QB
                                                           RC-PHYSICIAN OPT PR 442QB   YES
                                                           RC-PHYSICIAN OPT MN 442QB   YES
CCC-NF-RX          OUTPA            JAN 1,2018             RX COST                     YES
       RATE TYPE: CHOICE REIMB INS
CCC-RI-INPT        INPAT            DEC 19,2003            RC-INPT R&B 442             YES
                                                           RC-INPT ANC 442            YES
                                                           RC-INPT FAC PR 442         YES
                                                           RC-INPT FAC HR 442         YES
                                                           RC-INPT FAC ML 442         YES
                                                           RC-INPT R&B ICU 442        YES
RATE SCHEDULE List                                              OCT 25, 2018@17:16  PAGE 59
                   BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                   AUTO
NAME               TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET     ADD
-----------------------------------------------------------------------------------------
                                                           RC-INPT ANC ICU 442         YES
                                                           RC-PHYSICIAN INPT PR 442    YES
                                                           RC-PHYSICIAN INPT MN 442    YES
CCC-RI-SNF         INPAT  SKILLED NU DEC 19,2003           RC-SNF INC 442              YES
                                                           RC-SNF FAC PR 442          YES
                                                           RC-SNF FAC HR 442          YES
                                                           RC-SNF FAC ML 442          YES
                                                           RC-PHYSICIAN SNF PR 442    YES
                                                           RC-PHYSICIAN SNF MN 442    YES
CCC-RI-OPT         OUTPA            DEC 19,2003            RC-PHYSICIAN FS PR 442GB    YES
                                                           RC-PHYSICIAN FS PR 442GC    YES
                                                           RC-PHYSICIAN FS PR 442GD    YES
                                                           RC-PHYSICIAN FS MN 442GD    YES
                                                           RC-PHYSICIAN FS ML 442GD    YES
                                                           RC-OPT FAC PR 442          YES
                                                           RC-OPT FAC HR 442          YES
                                                           RC-OPT FAC ML 442          YES
                                                           RC-OPT MISC 442
RATE SCHEDULE List                                              OCT 25, 2018@17:16  PAGE 60
                   BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                   AUTO
NAME               TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET     ADD
-----------------------------------------------------------------------------------------
                                                           RC-PHYSICIAN OPT PR 442     YES
                                                           RC-PHYSICIAN OPT MN 442     YES
                                                           RC-PHYSICIAN FS MN 442GB    YES
                                                           RC-PHYSICIAN FS ML 442GB    YES
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                                                          RC-PHYSICIAN FS MN 442GC        YES
                                                          RC-PHYSICIAN FS ML 442GC        YES
                                                          RC-OPT FAC PR 442GD             YES
                                                          RC-OPT FAC HR 442GD             YES
                                                          RC-OPT FAC ML 442GD             YES
                                                          RC-OPT MISC 442GD
                                                          RC-PHYSICIAN OPT PR 442GD       YES
                                                          RC-PHYSICIAN OPT MN 442GD       YES
                                                          RC-OPT FAC PR 442GC             YES
                                                          RC-OPT FAC HR 442GC             YES
                                                          RC-OPT FAC ML 442GC             YES
                                                          RC-OPT MISC 442GC
                                                          RC-PHYSICIAN OPT PR 442GC       YES
                                                          RC-PHYSICIAN OPT MN 442GC       YES
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 61
                  BILL    BILL      EFFECTIVE    INACTIVE    CHARGES                      AUTO
NAME              TYPE    SERVICE   DATE         DATE        ADJUSTED   CHARGE SET         ADD
--------------------------------------------------------------------------------------------------
                                                          RC-OPT FAC PR 442HK             YES
                                                          RC-OPT FAC HR 442HK             YES
                                                          RC-OPT FAC ML 442HK             YES
                                                          RC-OPT MISC 442HK
                                                          RC-PHYSICIAN OPT PR 442HK       YES
                                                          RC-PHYSICIAN OPT MN 442HK       YES
                                                          RC-OPT FAC PR 442GB             YES
                                                          RC-OPT FAC HR 442GB             YES
                                                          RC-OPT FAC ML 442GB             YES
                                                          RC-OPT MISC 442GB
                                                          RC-PHYSICIAN OPT PR 442GB       YES
                                                          RC-PHYSICIAN OPT MN 442GB       YES
                                                          RC-OPT FAC PR 442MA             YES
                                                          RC-OPT FAC HR 442MA             YES
                                                          RC-OPT FAC ML 442MA             YES
                                                          RC-OPT MISC 442MA
                                                          RC-PHYSICIAN OPT PR 442MA       YES
                                                          RC-PHYSICIAN OPT MN 442MA       YES
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 62
                  BILL    BILL      EFFECTIVE    INACTIVE    CHARGES                      AUTO
NAME              TYPE    SERVICE   DATE         DATE        ADJUSTED   CHARGE SET         ADD
--------------------------------------------------------------------------------------------------
                                                          RC-PHYSICIAN FS PR 442QB        YES
                                                          RC-PHYSICIAN FS MN 442QB        YES
                                                          RC-PHYSICIAN FS ML 442QB        YES
                                                          RC-PHYSICIAN FS PR 442QA        YES
                                                          RC-PHYSICIAN FS MN 442QA        YES
                                                          RC-PHYSICIAN FS ML 442QA        YES
                                                          RC-OPT FAC PR 442QA             YES
                                                          RC-OPT FAC HR 442QA             YES
                                                          RC-OPT FAC ML 442QA             YES
                                                          RC-OPT MISC 442QA
                                                          RC-PHYSICIAN OPT PR 442QA       YES
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                                                          RC-PHYSICIAN OPT MN 442QA        YES
                                                          RC-OPT FAC PR 442QB              YES
                                                          RC-OPT FAC HR 442QB              YES
                                                          RC-OPT FAC ML 442QB              YES
                                                          RC-OPT MISC 442QB
                                                          RC-PHYSICIAN OPT PR 442QB        YES
                                                          RC-PHYSICIAN OPT MN 442QB        YES
RATE SCHEDULE List                                                       OCT 25, 2018@17:16   PAGE 63
                 BILL   BILL     EFFECTIVE    INACTIVE   CHARGES                             AUTO
NAME             TYPE   SERVICE  DATE         DATE       ADJUSTED   CHARGE SET               ADD
------------------------------------------------------------------------------------------------------
CCC-RI-RX        OUTPA            JAN 1,2018                         RX COST                  YES
        RATE TYPE: CHOICE TORT FEASOR
CCC-TF-INPT      INPAT            JAN 7,2004                         RC-INPT R&B 442          YES
                                                                    RC-INPT ANC 442          YES
                                                                    RC-INPT FAC PR 442       YES
                                                                    RC-INPT FAC HR 442       YES
                                                                    RC-INPT FAC ML 442       YES
                                                                    RC-INPT R&B ICU 442      YES
                                                                    RC-INPT ANC ICU 442      YES
                                                                    RC-PHYSICIAN INPT PR 442 YES
                                                                    RC-PHYSICIAN INPT MN 442 YES
CCC-TF-SNF       INPAT  SKILLED NU JAN 7,2004                        RC-SNF INC 442           YES
                                                                    RC-SNF FAC PR 442        YES
                                                                    RC-SNF FAC HR 442        YES
                                                                    RC-SNF FAC ML 442        YES
                                                                    RC-PHYSICIAN SNF PR 442  YES
                                                                    RC-PHYSICIAN SNF MN 442  YES
RATE SCHEDULE List                                                       OCT 25, 2018@17:16   PAGE 64
                 BILL   BILL     EFFECTIVE    INACTIVE   CHARGES                             AUTO
NAME             TYPE   SERVICE  DATE         DATE       ADJUSTED   CHARGE SET               ADD
------------------------------------------------------------------------------------------------------
CCC-TF-OPT       OUTPA            JAN 7,2004                         RC-PHYSICIAN FS PR 442GB YES
                                                                    RC-PHYSICIAN FS PR 442GC YES
                                                                    RC-PHYSICIAN FS PR 442GD YES
                                                                    RC-PHYSICIAN FS MN 442GD YES
                                                                    RC-PHYSICIAN FS ML 442GD YES
                                                                    RC-OPT FAC PR 442        YES
                                                                    RC-OPT FAC HR 442        YES
                                                                    RC-OPT FAC ML 442        YES
                                                                    RC-OPT MISC 442
                                                                    RC-PHYSICIAN OPT PR 442  YES
                                                                    RC-PHYSICIAN OPT MN 442  YES
                                                                    RC-PHYSICIAN FS MN 442GB YES
                                                                    RC-PHYSICIAN FS ML 442GB YES
                                                                    RC-PHYSICIAN FS MN 442GC YES
                                                                    RC-PHYSICIAN FS ML 442GC YES
                                                                    RC-OPT FAC PR 442GD      YES
                                                                    RC-OPT FAC HR 442GD      YES
                                                                    RC-OPT FAC ML 442GD      YES
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RATE SCHEDULE List                                                OCT 25, 2018@17:16   PAGE 65
                 BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME             TYPE   SERVICE DATE        DATE       ADJUSTED  CHARGE SET             ADD
--------------------------------------------------------------------------------------------
                                                                 RC-OPT MISC 442GD
                                                                 RC-PHYSICIAN OPT PR 442GD    YES
                                                                 RC-PHYSICIAN OPT MN 442GD    YES
                                                                 RC-OPT FAC PR 442GC          YES
                                                                 RC-OPT FAC HR 442GC          YES
                                                                 RC-OPT FAC ML 442GC          YES
                                                                 RC-OPT MISC 442GC
                                                                 RC-PHYSICIAN OPT PR 442GC    YES
                                                                 RC-PHYSICIAN OPT MN 442GC    YES
                                                                 RC-OPT FAC PR 442HK          YES
                                                                 RC-OPT FAC HR 442HK          YES
                                                                 RC-OPT FAC ML 442HK          YES
                                                                 RC-OPT MISC 442HK
                                                                 RC-PHYSICIAN OPT PR 442HK    YES
                                                                 RC-PHYSICIAN OPT MN 442HK    YES
                                                                 RC-OPT FAC PR 442GB          YES
                                                                 RC-OPT FAC HR 442GB          YES
                                                                 RC-OPT FAC ML 442GB          YES
RATE SCHEDULE List                                                OCT 25, 2018@17:16   PAGE 66
                 BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME             TYPE   SERVICE DATE        DATE       ADJUSTED  CHARGE SET             ADD
--------------------------------------------------------------------------------------------
                                                                 RC-OPT MISC 442GB
                                                                 RC-PHYSICIAN OPT PR 442GB    YES
                                                                 RC-PHYSICIAN OPT MN 442GB    YES
                                                                 RC-OPT FAC PR 442MA          YES
                                                                 RC-OPT FAC HR 442MA          YES
                                                                 RC-OPT FAC ML 442MA          YES
                                                                 RC-OPT MISC 442MA
                                                                 RC-PHYSICIAN OPT PR 442MA    YES
                                                                 RC-PHYSICIAN OPT MN 442MA    YES
                                                                 RC-PHYSICIAN FS PR 442QB     YES
                                                                 RC-PHYSICIAN FS MN 442QB     YES
                                                                 RC-PHYSICIAN FS ML 442QB     YES
                                                                 RC-PHYSICIAN FS PR 442QA     YES
                                                                 RC-PHYSICIAN FS MN 442QA     YES
                                                                 RC-PHYSICIAN FS ML 442QA     YES
                                                                 RC-OPT FAC PR 442QA          YES
                                                                 RC-OPT FAC HR 442QA          YES
                                                                 RC-OPT FAC ML 442QA          YES
RATE SCHEDULE List                                                OCT 25, 2018@17:16   PAGE 67
                 BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME             TYPE   SERVICE DATE        DATE       ADJUSTED  CHARGE SET             ADD
--------------------------------------------------------------------------------------------
                                                                 RC-OPT MISC 442QA
                                                                 RC-PHYSICIAN OPT PR 442QA    YES
                                                                 RC-PHYSICIAN OPT MN 442QA    YES
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                                                       RC-OPT FAC PR 442QB               YES
                                                       RC-OPT FAC HR 442QB               YES
                                                       RC-OPT FAC ML 442QB               YES
                                                       RC-OPT MISC 442QB
                                                       RC-PHYSICIAN OPT PR 442QB         YES
                                                       RC-PHYSICIAN OPT MN 442QB         YES
CCC-TF-RX            OUTPA           JAN 1,2018         RX COST                           YES
        RATE TYPE: CHOICE WORKERS' COMP
CCC-WC-INPT         INPAT           DEC 19,2003         RC-INPT R&B 442                   YES
                                                       RC-INPT ANC 442                   YES
                                                       RC-INPT FAC PR 442                YES
                                                       RC-INPT FAC HR 442                YES
                                                       RC-INPT FAC ML 442                YES
                                                       RC-INPT R&B ICU 442               YES
RATE SCHEDULE List                                                OCT 25, 2018@17:16   PAGE 68
                    BILL   BILL     EFFECTIVE    INACTIVE   CHARGES                         AUTO
NAME                TYPE   SERVICE  DATE         DATE       ADJUSTED   CHARGE SET           ADD
--------------------------------------------------------------------------------------------------
                                                       RC-INPT ANC ICU 442               YES
                                                       RC-PHYSICIAN INPT PR 442          YES
                                                       RC-PHYSICIAN INPT MN 442          YES
CCC-WC-SNF          INPAT  SKILLED NU DEC 19,2003      RC-SNF INC 442                    YES
                                                       RC-SNF FAC PR 442                 YES
                                                       RC-SNF FAC HR 442                 YES
                                                       RC-SNF FAC ML 442                 YES
                                                       RC-PHYSICIAN SNF PR 442           YES
                                                       RC-PHYSICIAN SNF MN 442           YES
CCC-WC-OPT          OUTPA           DEC 19,2003         RC-PHYSICIAN FS PR 442GB          YES
                                                       RC-PHYSICIAN FS PR 442GC          YES
                                                       RC-PHYSICIAN FS PR 442GD          YES
                                                       RC-PHYSICIAN FS MN 442GD          YES
                                                       RC-PHYSICIAN FS ML 442GD          YES
                                                       RC-OPT FAC PR 442                 YES
                                                       RC-OPT FAC HR 442                 YES
                                                       RC-OPT FAC ML 442                 YES
                                                       RC-OPT MISC 442
RATE SCHEDULE List                                                OCT 25, 2018@17:16   PAGE 69
                    BILL   BILL     EFFECTIVE    INACTIVE   CHARGES                         AUTO
NAME                TYPE   SERVICE  DATE         DATE       ADJUSTED   CHARGE SET           ADD
--------------------------------------------------------------------------------------------------
                                                       RC-PHYSICIAN OPT PR 442           YES
                                                       RC-PHYSICIAN OPT MN 442           YES
                                                       RC-PHYSICIAN FS MN 442GB          YES
                                                       RC-PHYSICIAN FS ML 442GB          YES
                                                       RC-PHYSICIAN FS MN 442GC          YES
                                                       RC-PHYSICIAN FS ML 442GC          YES
                                                       RC-OPT FAC PR 442GD               YES
                                                       RC-OPT FAC HR 442GD               YES
                                                       RC-OPT FAC ML 442GD               YES
                                                       RC-OPT MISC 442GD
                                                       RC-PHYSICIAN OPT PR 442GD         YES
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                                                        RC-PHYSICIAN OPT MN 442GD        YES
                                                        RC-OPT FAC PR 442GC              YES
                                                        RC-OPT FAC HR 442GC              YES
                                                        RC-OPT FAC ML 442GC              YES
                                                        RC-OPT MISC 442GC
                                                        RC-PHYSICIAN OPT PR 442GC        YES
                                                        RC-PHYSICIAN OPT MN 442GC        YES
RATE SCHEDULE List                                                             OCT 25, 2018@17:16   PAGE 70
                   BILL    BILL     EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME               TYPE    SERVICE  DATE        DATE       ADJUSTED   CHARGE SET               ADD
------------------------------------------------------------------------------------------------------
                                                        RC-OPT FAC PR 442HK              YES
                                                        RC-OPT FAC HR 442HK              YES
                                                        RC-OPT FAC ML 442HK              YES
                                                        RC-OPT MISC 442HK
                                                        RC-PHYSICIAN OPT PR 442HK        YES
                                                        RC-PHYSICIAN OPT MN 442HK        YES
                                                        RC-OPT FAC PR 442GB              YES
                                                        RC-OPT FAC HR 442GB              YES
                                                        RC-OPT FAC ML 442GB              YES
                                                        RC-OPT MISC 442GB
                                                        RC-PHYSICIAN OPT PR 442GB        YES
                                                        RC-PHYSICIAN OPT MN 442GB        YES
                                                        RC-OPT FAC PR 442MA              YES
                                                        RC-OPT FAC HR 442MA              YES
                                                        RC-OPT FAC ML 442MA              YES
                                                        RC-OPT MISC 442MA
                                                        RC-PHYSICIAN OPT PR 442MA        YES
                                                        RC-PHYSICIAN OPT MN 442MA        YES
RATE SCHEDULE List                                                             OCT 25, 2018@17:16   PAGE 71
                   BILL    BILL     EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME               TYPE    SERVICE  DATE        DATE       ADJUSTED   CHARGE SET               ADD
------------------------------------------------------------------------------------------------------
                                                        RC-PHYSICIAN FS PR 442QB         YES
                                                        RC-PHYSICIAN FS MN 442QB         YES
                                                        RC-PHYSICIAN FS ML 442QB         YES
                                                        RC-PHYSICIAN FS PR 442QA         YES
                                                        RC-PHYSICIAN FS MN 442QA         YES
                                                        RC-PHYSICIAN FS ML 442QA         YES
                                                        RC-OPT FAC PR 442QA              YES
                                                        RC-OPT FAC HR 442QA              YES
                                                        RC-OPT FAC ML 442QA              YES
                                                        RC-OPT MISC 442QA
                                                        RC-PHYSICIAN OPT PR 442QA        YES
                                                        RC-PHYSICIAN OPT MN 442QA        YES
                                                        RC-OPT FAC PR 442QB              YES
                                                        RC-OPT FAC HR 442QB              YES
                                                        RC-OPT FAC ML 442QB              YES
                                                        RC-OPT MISC 442QB
                                                        RC-PHYSICIAN OPT PR 442QB        YES
                                                        RC-PHYSICIAN OPT MN 442QB        YES
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RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 72
                    BILL   BILL      EFFECTIVE    INACTIVE   CHARGES                           AUTO
NAME                TYPE   SERVICE   DATE         DATE       ADJUSTED   CHARGE SET             ADD
------------------------------------------------------------------------------------------------------
CCC-WC-RX           OUTPA            JAN 1,2018                         RX COST                YES
        RATE TYPE: CRIME VICTIM
CV-INPT             INPAT  INPATIENT                                    TL-INPT (NPF)          YES
                                                                       TL-INPT (PF)           YES
CV-OPT              OUTPA                                               TL-OPT VST             YES
                                                                       TL-RX FILL             YES
                                                                       TL-OPT VST PM&RS
                                                                       TL-OPT VST POLYTRAUMA

        RATE TYPE: DENTAL
DNTL-OPT DENTAL     OUTPA                                               TL-OPT DENTAL          YES
        RATE TYPE: DENTAL REIMB. INS.
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 73
                    BILL   BILL      EFFECTIVE    INACTIVE   CHARGES                           AUTO
NAME                TYPE   SERVICE   DATE         DATE       ADJUSTED   CHARGE SET             ADD
------------------------------------------------------------------------------------------------------
HR-OPT DENTAL       OUTPA                                               TL-OPT DENTAL          YES
        RATE TYPE: DOD BLIND REHABILITATION
DOD-BR-INPT         INPAT  INPATIENT DEC 19,2003                        RC-INPT R&B 442        YES
                                                                       RC-INPT ANC 442        YES
                                                                       RC-INPT FAC PR 442     YES
                                                                       RC-INPT FAC HR 442     YES
                                                                       RC-INPT FAC ML 442     YES
                                                                       RC-INPT R&B ICU 442    YES
                                                                       RC-INPT ANC ICU 442    YES
                                                                       RC-PHYSICIAN INPT PR 442  YES
                                                                       RC-PHYSICIAN INPT MN 442  YES
DOD-BR-SNF          INPAT  SKILLED NU DEC 19,2003                       RC-SNF INC 442         YES
                                                                       RC-SNF FAC PR 442      YES
                                                                       RC-SNF FAC HR 442      YES
                                                                       RC-SNF FAC ML 442      YES
                                                                       RC-PHYSICIAN SNF PR 442  YES
                                                                       RC-PHYSICIAN SNF MN 442  YES
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 74
                    BILL   BILL      EFFECTIVE    INACTIVE   CHARGES                           AUTO
NAME                TYPE   SERVICE   DATE         DATE       ADJUSTED   CHARGE SET             ADD
------------------------------------------------------------------------------------------------------
DOD-BR-OPT          OUTPA  OUTPATIENT DEC 19,2003                       RC-PHYSICIAN FS PR 442GB  YES
                                                                       RC-PHYSICIAN FS PR 442GC  YES
                                                                       RC-PHYSICIAN FS PR 442GD  YES
                                                                       RC-PHYSICIAN FS MN 442GD  YES
                                                                       RC-PHYSICIAN FS ML 442GD  YES
                                                                       RC-OPT FAC PR 442      YES
                                                                       RC-OPT FAC HR 442      YES
                                                                       RC-OPT FAC ML 442      YES
                                                                       RC-OPT MISC 442
                                                                       RC-PHYSICIAN OPT PR 442   YES
                                                                       RC-PHYSICIAN OPT MN 442   YES
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                                             RC-PHYSICIAN FS MN 442GB        YES
                                             RC-PHYSICIAN FS ML 442GB        YES
                                             RC-PHYSICIAN FS MN 442GC        YES
                                             RC-PHYSICIAN FS ML 442GC        YES
                                             RC-OPT FAC PR 442GD             YES
                                             RC-OPT FAC HR 442GD             YES
                                             RC-OPT FAC ML 442GD             YES
RATE SCHEDULE List                                              OCT 25, 2018@17:16   PAGE 75
                  BILL    BILL     EFFECTIVE    INACTIVE   CHARGES                    AUTO
NAME              TYPE    SERVICE  DATE         DATE       ADJUSTED   CHARGE SET      ADD
---------------------------------------------------------------------------------------------
                                             RC-OPT MISC 442GD
                                             RC-PHYSICIAN OPT PR 442GD       YES
                                             RC-PHYSICIAN OPT MN 442GD       YES
                                             RC-OPT FAC PR 442GC             YES
                                             RC-OPT FAC HR 442GC             YES
                                             RC-OPT FAC ML 442GC             YES
                                             RC-OPT MISC 442GC
                                             RC-PHYSICIAN OPT PR 442GC       YES
                                             RC-PHYSICIAN OPT MN 442GC       YES
                                             RC-OPT FAC PR 442HK             YES
                                             RC-OPT FAC HR 442HK             YES
                                             RC-OPT FAC ML 442HK             YES
                                             RC-OPT MISC 442HK
                                             RC-PHYSICIAN OPT PR 442HK       YES
                                             RC-PHYSICIAN OPT MN 442HK       YES
                                             RC-OPT FAC PR 442GB             YES
                                             RC-OPT FAC HR 442GB             YES
                                             RC-OPT FAC ML 442GB             YES
RATE SCHEDULE List                                              OCT 25, 2018@17:16   PAGE 76
                  BILL    BILL     EFFECTIVE    INACTIVE   CHARGES                    AUTO
NAME              TYPE    SERVICE  DATE         DATE       ADJUSTED   CHARGE SET      ADD
---------------------------------------------------------------------------------------------
                                             RC-OPT MISC 442GB
                                             RC-PHYSICIAN OPT PR 442GB       YES
                                             RC-PHYSICIAN OPT MN 442GB       YES
                                             RC-OPT FAC PR 442MA             YES
                                             RC-OPT FAC HR 442MA             YES
                                             RC-OPT FAC ML 442MA             YES
                                             RC-OPT MISC 442MA
                                             RC-PHYSICIAN OPT PR 442MA       YES
                                             RC-PHYSICIAN OPT MN 442MA       YES
                                             RC-PHYSICIAN FS PR 442QB        YES
                                             RC-PHYSICIAN FS MN 442QB        YES
                                             RC-PHYSICIAN FS ML 442QB        YES
                                             RC-PHYSICIAN FS PR 442QA        YES
                                             RC-PHYSICIAN FS MN 442QA        YES
                                             RC-PHYSICIAN FS ML 442QA        YES
                                             RC-OPT FAC PR 442QA             YES
                                             RC-OPT FAC HR 442QA             YES
                                             RC-OPT FAC ML 442QA             YES
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                          BILL    BILL      EFFECTIVE    INACTIVE   CHARGES                                   AUTO
NAME                      TYPE    SERVICE   DATE         DATE       ADJUSTED   CHARGE SET                     ADD
---------------------------------------------------------------------------------------------------------------
                                                                              RC-OPT MISC 442QA
                                                                              RC-PHYSICIAN OPT PR 442QA       YES
                                                                              RC-PHYSICIAN OPT MN 442QA       YES
                                                                              RC-OPT FAC PR 442QB             YES
                                                                              RC-OPT FAC HR 442QB             YES
                                                                              RC-OPT FAC ML 442QB             YES
                                                                              RC-OPT MISC 442QB
                                                                              RC-PHYSICIAN OPT PR 442QB       YES
                                                                              RC-PHYSICIAN OPT MN 442QB       YES
        RATE TYPE: DOD DISABILITY EVALUATION
DOD-DIS EXAM-OPT          OUTPA   OUTPATIENT  DEC 19,2003                      RC-PHYSICIAN FS PR 442GB        YES
                                                                              RC-PHYSICIAN FS PR 442GC        YES
                                                                              RC-PHYSICIAN FS PR 442GD        YES
                                                                              RC-PHYSICIAN FS MN 442GD        YES
                                                                              RC-PHYSICIAN FS ML 442GD        YES
                                                                              RC-OPT FAC PR 442               YES
                                                                              RC-OPT FAC HR 442               YES
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                          BILL    BILL      EFFECTIVE    INACTIVE   CHARGES                                   AUTO
NAME                      TYPE    SERVICE   DATE         DATE       ADJUSTED   CHARGE SET                     ADD
---------------------------------------------------------------------------------------------------------------
                                                                              RC-OPT FAC ML 442              YES
                                                                              RC-OPT MISC 442
                                                                              RC-PHYSICIAN OPT PR 442         YES
                                                                              RC-PHYSICIAN OPT MN 442         YES
                                                                              RC-PHYSICIAN FS MN 442GB        YES
                                                                              RC-PHYSICIAN FS ML 442GB        YES
                                                                              RC-PHYSICIAN FS MN 442GC        YES
                                                                              RC-PHYSICIAN FS ML 442GC        YES
                                                                              RC-OPT FAC PR 442GD             YES
                                                                              RC-OPT FAC HR 442GD             YES
                                                                              RC-OPT FAC ML 442GD             YES
                                                                              RC-OPT MISC 442GD
                                                                              RC-PHYSICIAN OPT PR 442GD       YES
                                                                              RC-PHYSICIAN OPT MN 442GD       YES
                                                                              RC-OPT FAC PR 442GC             YES
                                                                              RC-OPT FAC HR 442GC             YES
                                                                              RC-OPT FAC ML 442GC             YES
                                                                              RC-OPT MISC 442GC
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                          BILL    BILL      EFFECTIVE    INACTIVE   CHARGES                                   AUTO
NAME                      TYPE    SERVICE   DATE         DATE       ADJUSTED   CHARGE SET                     ADD
---------------------------------------------------------------------------------------------------------------
                                                                              RC-PHYSICIAN OPT PR 442GC       YES
                                                                              RC-PHYSICIAN OPT MN 442GC       YES
                                                                              RC-OPT FAC PR 442HK             YES
                                                                              RC-OPT FAC HR 442HK             YES
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                                                             RC-OPT FAC ML 442HK              YES
                                                             RC-OPT MISC 442HK
                                                             RC-PHYSICIAN OPT PR 442HK        YES
                                                             RC-PHYSICIAN OPT MN 442HK        YES
                                                             RC-OPT FAC PR 442GB              YES
                                                             RC-OPT FAC HR 442GB              YES
                                                             RC-OPT FAC ML 442GB              YES
                                                             RC-OPT MISC 442GB
                                                             RC-PHYSICIAN OPT PR 442GB        YES
                                                             RC-PHYSICIAN OPT MN 442GB        YES
                                                             RC-OPT FAC PR 442MA              YES
                                                             RC-OPT FAC HR 442MA              YES
                                                             RC-OPT FAC ML 442MA              YES
                                                             RC-OPT MISC 442MA
RATE SCHEDULE List                                                           OCT 25, 2018@17:16   PAGE 80
                    BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                             AUTO
NAME                TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET               ADD
--------------------------------------------------------------------------------------------------------
                                                             RC-PHYSICIAN OPT PR 442MA        YES
                                                             RC-PHYSICIAN OPT MN 442MA        YES
                                                             RC-PHYSICIAN FS PR 442QB         YES
                                                             RC-PHYSICIAN FS MN 442QB         YES
                                                             RC-PHYSICIAN FS ML 442QB         YES
                                                             RC-PHYSICIAN FS PR 442QA         YES
                                                             RC-PHYSICIAN FS MN 442QA         YES
                                                             RC-PHYSICIAN FS ML 442QA         YES
                                                             RC-OPT FAC PR 442QA              YES
                                                             RC-OPT FAC HR 442QA              YES
                                                             RC-OPT FAC ML 442QA              YES
                                                             RC-OPT MISC 442QA
                                                             RC-PHYSICIAN OPT PR 442QA        YES
                                                             RC-PHYSICIAN OPT MN 442QA        YES
                                                             RC-OPT FAC PR 442QB              YES
                                                             RC-OPT FAC HR 442QB              YES
                                                             RC-OPT FAC ML 442QB              YES
                                                             RC-OPT MISC 442QB
RATE SCHEDULE List                                                           OCT 25, 2018@17:16   PAGE 81
                    BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                             AUTO
NAME                TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET               ADD
--------------------------------------------------------------------------------------------------------
                                                             RC-PHYSICIAN OPT PR 442QB        YES
                                                             RC-PHYSICIAN OPT MN 442QB        YES
      RATE TYPE: DOD SPINAL CORD INJURY
DOD-SCI-INPT        INPAT  INPATIENT  DEC 19,2003             RC-INPT R&B 442                  YES
                                                             RC-INPT ANC 442                  YES
                                                             RC-INPT FAC PR 442               YES
                                                             RC-INPT FAC HR 442               YES
                                                             RC-INPT FAC ML 442               YES
                                                             RC-INPT R&B ICU 442              YES
                                                             RC-INPT ANC ICU 442              YES
                                                             RC-PHYSICIAN INPT PR 442         YES
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                                                       RC-PHYSICIAN INPT MN 442        YES
DOD-SCI-SNF          INPAT  SKILLED NU  DEC 19,2003     RC-SNF INC 442                  YES
                                                       RC-SNF FAC PR 442               YES
                                                       RC-SNF FAC HR 442               YES
                                                       RC-SNF FAC ML 442               YES
                                                       RC-PHYSICIAN SNF PR 442         YES
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 82
                    BILL   BILL       EFFECTIVE   INACTIVE   CHARGES                    AUTO
NAME                TYPE   SERVICE    DATE        DATE       ADJUSTED   CHARGE SET      ADD
----------------------------------------------------------------------------------------------------
                                                       RC-PHYSICIAN SNF MN 442         YES
DOD-SCI-OPT         OUTPA  OUTPATIENT DEC 19,2003     RC-PHYSICIAN FS PR 442GB        YES
                                                       RC-PHYSICIAN FS PR 442GC        YES
                                                       RC-PHYSICIAN FS PR 442GD        YES
                                                       RC-PHYSICIAN FS MN 442GD        YES
                                                       RC-PHYSICIAN FS ML 442GD        YES
                                                       RC-OPT FAC PR 442               YES
                                                       RC-OPT FAC HR 442               YES
                                                       RC-OPT FAC ML 442               YES
                                                       RC-OPT MISC 442
                                                       RC-PHYSICIAN OPT PR 442         YES
                                                       RC-PHYSICIAN OPT MN 442         YES
                                                       RC-PHYSICIAN FS MN 442GB        YES
                                                       RC-PHYSICIAN FS ML 442GB        YES
                                                       RC-PHYSICIAN FS MN 442GC        YES
                                                       RC-PHYSICIAN FS ML 442GC        YES
                                                       RC-OPT FAC PR 442GD             YES
                                                       RC-OPT FAC HR 442GD             YES
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 83
                    BILL   BILL       EFFECTIVE   INACTIVE   CHARGES                    AUTO
NAME                TYPE   SERVICE    DATE        DATE       ADJUSTED   CHARGE SET      ADD
----------------------------------------------------------------------------------------------------
                                                       RC-OPT FAC ML 442GD             YES
                                                       RC-OPT MISC 442GD
                                                       RC-PHYSICIAN OPT PR 442GD       YES
                                                       RC-PHYSICIAN OPT MN 442GD       YES
                                                       RC-OPT FAC PR 442GC             YES
                                                       RC-OPT FAC HR 442GC             YES
                                                       RC-OPT FAC ML 442GC             YES
                                                       RC-OPT MISC 442GC
                                                       RC-PHYSICIAN OPT PR 442GC       YES
                                                       RC-PHYSICIAN OPT MN 442GC       YES
                                                       RC-OPT FAC PR 442HK             YES
                                                       RC-OPT FAC HR 442HK             YES
                                                       RC-OPT FAC ML 442HK             YES
                                                       RC-OPT MISC 442HK
                                                       RC-PHYSICIAN OPT PR 442HK       YES
                                                       RC-PHYSICIAN OPT MN 442HK       YES
                                                       RC-OPT FAC PR 442GB             YES
                                                       RC-OPT FAC HR 442GB             YES
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RATE SCHEDULE List                                                         OCT 25, 2018@17:16   PAGE 84
                    BILL  BILL     EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME                TYPE  SERVICE  DATE         DATE        ADJUSTED   CHARGE SET                  ADD
--------------------------------------------------------------------------------------------------------
                                                                      RC-OPT FAC ML 442GB         YES
                                                                      RC-OPT MISC 442GB
                                                                      RC-PHYSICIAN OPT PR 442GB   YES
                                                                      RC-PHYSICIAN OPT MN 442GB   YES
                                                                      RC-OPT FAC PR 442MA         YES
                                                                      RC-OPT FAC HR 442MA         YES
                                                                      RC-OPT FAC ML 442MA         YES
                                                                      RC-OPT MISC 442MA
                                                                      RC-PHYSICIAN OPT PR 442MA   YES
                                                                      RC-PHYSICIAN OPT MN 442MA   YES
                                                                      RC-PHYSICIAN FS PR 442QB    YES
                                                                      RC-PHYSICIAN FS MN 442QB    YES
                                                                      RC-PHYSICIAN FS ML 442QB    YES
                                                                      RC-PHYSICIAN FS PR 442QA    YES
                                                                      RC-PHYSICIAN FS MN 442QA    YES
                                                                      RC-PHYSICIAN FS ML 442QA    YES
                                                                      RC-OPT FAC PR 442QA         YES
                                                                      RC-OPT FAC HR 442QA         YES
RATE SCHEDULE List                                                         OCT 25, 2018@17:16   PAGE 85
                    BILL  BILL     EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME                TYPE  SERVICE  DATE         DATE        ADJUSTED   CHARGE SET                  ADD
--------------------------------------------------------------------------------------------------------
                                                                      RC-OPT FAC ML 442QA         YES
                                                                      RC-OPT MISC 442QA
                                                                      RC-PHYSICIAN OPT PR 442QA   YES
                                                                      RC-PHYSICIAN OPT MN 442QA   YES
                                                                      RC-OPT FAC PR 442QB         YES
                                                                      RC-OPT FAC HR 442QB         YES
                                                                      RC-OPT FAC ML 442QB         YES
                                                                      RC-OPT MISC 442QB
                                                                      RC-PHYSICIAN OPT PR 442QB   YES
                                                                      RC-PHYSICIAN OPT MN 442QB   YES
        RATE TYPE: DOD TRAUMATIC BRAIN INJURY
DOD-TBI-INPT        INPAT INPATIENT   DEC 19,2003            RC-INPT R&B 442             YES
                                                                      RC-INPT ANC 442             YES
                                                                      RC-INPT FAC PR 442          YES
                                                                      RC-INPT FAC HR 442          YES
                                                                      RC-INPT FAC ML 442          YES
                                                                      RC-INPT R&B ICU 442         YES
RATE SCHEDULE List                                                         OCT 25, 2018@17:16   PAGE 86
                    BILL  BILL     EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME                TYPE  SERVICE  DATE         DATE        ADJUSTED   CHARGE SET                  ADD
--------------------------------------------------------------------------------------------------------
                                                                      RC-INPT ANC ICU 442         YES
                                                                      RC-PHYSICIAN INPT PR 442    YES
                                                                      RC-PHYSICIAN INPT MN 442    YES
```

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DOD-TBI-SNF        INPAT  SKILLED NU  DEC 19,2003                      RC-SNF INC 442               YES
                                                                      RC-SNF FAC PR 442            YES
                                                                      RC-SNF FAC HR 442            YES
                                                                      RC-SNF FAC ML 442            YES
                                                                      RC-PHYSICIAN SNF PR 442      YES
                                                                      RC-PHYSICIAN SNF MN 442      YES
DOD-TBI-OPT        OUTPA  OUTPATIENT  DEC 19,2003                      RC-PHYSICIAN FS PR 442GB     YES
                                                                      RC-PHYSICIAN FS PR 442GC     YES
                                                                      RC-PHYSICIAN FS PR 442GD     YES
                                                                      RC-PHYSICIAN FS MN 442GD     YES
                                                                      RC-PHYSICIAN FS ML 442GD     YES
                                                                      RC-OPT FAC PR 442            YES
                                                                      RC-OPT FAC HR 442            YES
                                                                      RC-OPT FAC ML 442            YES
                                                                      RC-OPT MISC 442
RATE SCHEDULE List                                                                OCT 25, 2018@17:16  PAGE 87
                   BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                                 AUTO
NAME               TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET                   ADD
----------------------------------------------------------------------------------------------------------
                                                                      RC-PHYSICIAN OPT PR 442      YES
                                                                      RC-PHYSICIAN OPT MN 442      YES
                                                                      RC-PHYSICIAN FS MN 442GB     YES
                                                                      RC-PHYSICIAN FS ML 442GB     YES
                                                                      RC-PHYSICIAN FS MN 442GC     YES
                                                                      RC-PHYSICIAN FS ML 442GC     YES
                                                                      RC-OPT FAC PR 442GD          YES
                                                                      RC-OPT FAC HR 442GD          YES
                                                                      RC-OPT FAC ML 442GD          YES
                                                                      RC-OPT MISC 442GD
                                                                      RC-PHYSICIAN OPT PR 442GD    YES
                                                                      RC-PHYSICIAN OPT MN 442GD    YES
                                                                      RC-OPT FAC PR 442GC          YES
                                                                      RC-OPT FAC HR 442GC          YES
                                                                      RC-OPT FAC ML 442GC          YES
                                                                      RC-OPT MISC 442GC
                                                                      RC-PHYSICIAN OPT PR 442GC    YES
                                                                      RC-PHYSICIAN OPT MN 442GC    YES
RATE SCHEDULE List                                                                OCT 25, 2018@17:16  PAGE 88
                   BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                                 AUTO
NAME               TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET                   ADD
----------------------------------------------------------------------------------------------------------
                                                                      RC-OPT FAC PR 442HK          YES
                                                                      RC-OPT FAC HR 442HK          YES
                                                                      RC-OPT FAC ML 442HK          YES
                                                                      RC-OPT MISC 442HK
                                                                      RC-PHYSICIAN OPT PR 442HK    YES
                                                                      RC-PHYSICIAN OPT MN 442HK    YES
                                                                      RC-OPT FAC PR 442GB          YES
                                                                      RC-OPT FAC HR 442GB          YES
                                                                      RC-OPT FAC ML 442GB          YES
                                                                      RC-OPT MISC 442GB
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                                                        RC-PHYSICIAN OPT PR 442GB          YES
                                                        RC-PHYSICIAN OPT MN 442GB          YES
                                                        RC-OPT FAC PR 442MA                YES
                                                        RC-OPT FAC HR 442MA                YES
                                                        RC-OPT FAC ML 442MA                YES
                                                        RC-OPT MISC 442MA
                                                        RC-PHYSICIAN OPT PR 442MA          YES
                                                        RC-PHYSICIAN OPT MN 442MA          YES
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-PHYSICIAN FS PR 442QB	YES
						RC-PHYSICIAN FS MN 442QB	YES
						RC-PHYSICIAN FS ML 442QB	YES
						RC-PHYSICIAN FS PR 442QA	YES
						RC-PHYSICIAN FS MN 442QA	YES
						RC-PHYSICIAN FS ML 442QA	YES
						RC-OPT FAC PR 442QA	YES
						RC-OPT FAC HR 442QA	YES
						RC-OPT FAC ML 442QA	YES
						RC-OPT MISC 442QA	
						RC-PHYSICIAN OPT PR 442QA	YES
						RC-PHYSICIAN OPT MN 442QA	YES
						RC-OPT FAC PR 442QB	YES
						RC-OPT FAC HR 442QB	YES
						RC-OPT FAC ML 442QB	YES
						RC-OPT MISC 442QB	
						RC-PHYSICIAN OPT PR 442QB	YES
						RC-PHYSICIAN OPT MN 442QB	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
RATE TYPE: FEE REIMB INS							
FR-INPT	INPAT	INPATIENT	DEC 19,2003			RC-INPT R&B 442	YES
						RC-INPT ANC 442	YES
						RC-INPT FAC PR 442	YES
						RC-INPT FAC HR 442	YES
						RC-INPT FAC ML 442	YES
						RC-INPT R&B ICU 442	YES
						RC-INPT ANC ICU 442	YES
						RC-PHYSICIAN INPT PR 442	YES
						RC-PHYSICIAN INPT MN 442	YES
FR-SNF	INPAT	SKILLED NU	DEC 19,2003			RC-SNF INC 442	YES
						RC-SNF FAC PR 442	YES
						RC-SNF FAC HR 442	YES
						RC-SNF FAC ML 442	YES
						RC-PHYSICIAN SNF PR 442	YES
						RC-PHYSICIAN SNF MN 442	YES

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RATE SCHEDULE List                                            OCT 25, 2018@17:16   PAGE 91
                    BILL    BILL     EFFECTIVE   INACTIVE   CHARGES                        AUTO
NAME                TYPE    SERVICE  DATE        DATE       ADJUSTED   CHARGE SET          ADD
---------------------------------------------------------------------------------------------
FR-OPT              OUTPA            DEC 19,2003                       RC-PHYSICIAN FS PR 442GB   YES
                                                                      RC-PHYSICIAN FS PR 442GC   YES
                                                                      RC-PHYSICIAN FS PR 442GD   YES
                                                                      RC-PHYSICIAN FS MN 442GD   YES
                                                                      RC-PHYSICIAN FS ML 442GD   YES
                                                                      RC-OPT FAC PR 442          YES
                                                                      RC-OPT FAC HR 442          YES
                                                                      RC-OPT FAC ML 442          YES
                                                                      RC-OPT MISC 442
                                                                      RC-PHYSICIAN OPT PR 442    YES
                                                                      RC-PHYSICIAN OPT MN 442    YES
                                                                      RC-PHYSICIAN FS MN 442GB   YES
                                                                      RC-PHYSICIAN FS ML 442GB   YES
                                                                      RC-PHYSICIAN FS MN 442GC   YES
                                                                      RC-PHYSICIAN FS ML 442GC   YES
                                                                      RC-OPT FAC PR 442GD        YES
                                                                      RC-OPT FAC HR 442GD        YES
                                                                      RC-OPT FAC ML 442GD        YES
RATE SCHEDULE List                                            OCT 25, 2018@17:16   PAGE 92
                    BILL    BILL     EFFECTIVE   INACTIVE   CHARGES                        AUTO
NAME                TYPE    SERVICE  DATE        DATE       ADJUSTED   CHARGE SET          ADD
---------------------------------------------------------------------------------------------
                                                                      RC-OPT MISC 442GD
                                                                      RC-PHYSICIAN OPT PR 442GD  YES
                                                                      RC-PHYSICIAN OPT MN 442GD  YES
                                                                      RC-OPT FAC PR 442GC        YES
                                                                      RC-OPT FAC HR 442GC        YES
                                                                      RC-OPT FAC ML 442GC        YES
                                                                      RC-OPT MISC 442GC
                                                                      RC-PHYSICIAN OPT PR 442GC  YES
                                                                      RC-PHYSICIAN OPT MN 442GC  YES
                                                                      RC-OPT FAC PR 442HK        YES
                                                                      RC-OPT FAC HR 442HK        YES
                                                                      RC-OPT FAC ML 442HK        YES
                                                                      RC-OPT MISC 442HK
                                                                      RC-PHYSICIAN OPT PR 442HK  YES
                                                                      RC-PHYSICIAN OPT MN 442HK  YES
                                                                      RC-OPT FAC PR 442GB        YES
                                                                      RC-OPT FAC HR 442GB        YES
                                                                      RC-OPT FAC ML 442GB        YES
RATE SCHEDULE List                                            OCT 25, 2018@17:16   PAGE 93
                    BILL    BILL     EFFECTIVE   INACTIVE   CHARGES                        AUTO
NAME                TYPE    SERVICE  DATE        DATE       ADJUSTED   CHARGE SET          ADD
---------------------------------------------------------------------------------------------
                                                                      RC-OPT MISC 442GB
                                                                      RC-PHYSICIAN OPT PR 442GB  YES
                                                                      RC-PHYSICIAN OPT MN 442GB  YES
```

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                                                      RC-OPT FAC PR 442MA              YES
                                                      RC-OPT FAC HR 442MA              YES
                                                      RC-OPT FAC ML 442MA              YES
                                                      RC-OPT MISC 442MA
                                                      RC-PHYSICIAN OPT PR 442MA        YES
                                                      RC-PHYSICIAN OPT MN 442MA        YES
                                                      RC-PHYSICIAN FS PR 442QB         YES
                                                      RC-PHYSICIAN FS MN 442QB         YES
                                                      RC-PHYSICIAN FS ML 442QB         YES
                                                      RC-PHYSICIAN FS PR 442QA         YES
                                                      RC-PHYSICIAN FS MN 442QA         YES
                                                      RC-PHYSICIAN FS ML 442QA         YES
FR-RX             OUTPA           MAR 18,2011          RX COST                         YES
```

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                 BILL   BILL    EFFECTIVE    INACTIVE    CHARGES                                 AUTO
NAME             TYPE   SERVICE DATE         DATE        ADJUSTED   CHARGE SET                   ADD
--------------------------------------------------------------------------------------------------------
        RATE TYPE: HUMANITARIAN
HMN-INPT         INPAT  INPATIENT                                   TL-INPT (INCLUSIVE)          YES
HMN-OPT          OUTPA                       AUG 12,2013            TL-OPT VST                   YES
                                                                   TL-RX FILL                   YES
                                                                   TL-OPT VST PM&RS
                                                                   TL-OPT VST POLYTRAUMA
HMN-RX           OUTPA          AUG 13,2013  DEC 31,2013 YES        RX COST                      YES
HMN-OPT          OUTPA          AUG 13,2013                         TL-OPT VST                   YES
                                                                   TL-OPT VST PM&RS
                                                                   TL-OPT VST POLYTRAUMA
HMN-RX           OUTPA          JAN 1,2014   DEC 31,2014 YES        RX COST                      YES
HMN-RX           OUTPA          JAN 1,2015   DEC 31,2015 YES        RX COST                      YES
HMN-RX           OUTPA          JAN 1,2016   DEC 31,2016 YES        RX COST                      YES
HMN-RX           OUTPA          JAN 1,2017   DEC 31,2017 YES        RX COST                      YES
HMN-RX           OUTPA          JAN 1,2018               YES        RX COST                      YES
```

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                 BILL   BILL    EFFECTIVE    INACTIVE    CHARGES                                 AUTO
NAME             TYPE   SERVICE DATE         DATE        ADJUSTED   CHARGE SET                   ADD
--------------------------------------------------------------------------------------------------------
        RATE TYPE: HUMANITARIAN REIMB. INS.
HR-INPT          INPAT  INPATIENT                                   TL-INPT (INCLUSIVE)          YES
HR-OPT           OUTPA                       AUG 12,2013            TL-OPT VST                   YES
                                                                   TL-RX FILL                   YES
                                                                   TL-OPT VST PM&RS
                                                                   TL-OPT VST POLYTRAUMA
HR-OPT           OUTPA          AUG 13,2013                         TL-OPT VST                   YES
                                                                   TL-OPT VST PM&RS
                                                                   TL-OPT VST POLYTRAUMA
HR-RX            OUTPA          AUG 13,2013  DEC 31,2013            RX COST                      YES
HR-RX            OUTPA          JAN 1,2014   DEC 31,2014            RX COST                      YES
HR-RX            OUTPA          JAN 1,2015   DEC 31,2015            RX COST                      YES
HR-RX            OUTPA          JAN 1,2016   DEC 31,2016            RX COST                      YES
HR-RX            OUTPA          JAN 1,2017                          RX COST                      YES
```

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RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 96
                     BILL   BILL     EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME                 TYPE   SERVICE  DATE         DATE        ADJUSTED   CHARGE SET                  ADD
-----------------------------------------------------------------------------------------------------------------
       RATE TYPE: INELIGIBLE
INELIG-INPT          INPAT  INPATIENT                                    TL-INPT (INCLUSIVE)         YES
INELIG-OPT           OUTPA  OUTPATIENT            AUG 12,2013            TL-OPT VST                  YES
                                                                        TL-RX FILL                  YES
                                                                        TL-OPT VST PM&RS
                                                                        TL-OPT VST POLYTRAUMA
INELIG-RX            OUTPA  OUTPATIENT  AUG 13,2013 DEC 31,2013 YES      RX COST                     YES
INELIG-OPT           OUTPA  OUTPATIENT  AUG 13,2013            YES       TL-OPT VST                  YES
                                                                        TL-OPT VST PM&RS
                                                                        TL-OPT VST POLYTRAUMA
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2014  DEC 31,2014 YES      RX COST                     YES
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2015  DEC 31,2015 YES      RX COST                     YES
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2016  DEC 31,2016 YES      RX COST                     YES
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2017  DEC 31,2017 YES      RX COST                     YES
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2018              YES      RX COST                     YES
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 97
                     BILL   BILL     EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME                 TYPE   SERVICE  DATE         DATE        ADJUSTED   CHARGE SET                  ADD
-----------------------------------------------------------------------------------------------------------------
       RATE TYPE: INELIGIBLE REIMB. INS.
IR-INPT              INPAT  INPATIENT                                    TL-INPT (INCLUSIVE)         YES
IR-OPT               OUTPA                        AUG 12,2013            TL-OPT VST                  YES
                                                                        TL-RX FILL                  YES
                                                                        TL-OPT VST PM&RS
                                                                        TL-OPT VST POLYTRAUMA
IR-OPT               OUTPA            AUG 13,2013                        TL-OPT VST                  YES
                                                                        TL-OPT VST PM&RS
                                                                        TL-OPT VST POLYTRAUMA
IR-RX                OUTPA            AUG 13,2013 DEC 31,2013            RX COST                     YES
IR-RX                OUTPA            JAN 1,2014  DEC 31,2014            RX COST                     YES
IR-RX                OUTPA            JAN 1,2015  DEC 31,2015            RX COST                     YES
IR-RX                OUTPA            JAN 1,2016  DEC 31,2016            RX COST                     YES
IR-RX                OUTPA            JAN 1,2017                         RX COST                     YES
RATE SCHEDULE List                                                      OCT 25, 2018@17:16   PAGE 98
                     BILL   BILL     EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME                 TYPE   SERVICE  DATE         DATE        ADJUSTED   CHARGE SET                  ADD
-----------------------------------------------------------------------------------------------------------------
       RATE TYPE: INTERAGENCY
IA-INPT              INPAT  INPATIENT                                    IA-INPT
IA-OPT               OUTPA                        DEC 31,2013            IA-OPT VST
                                                                        IA-RX FILL
                                                                        IA-OPT VST PM&RS
                                                                        IA-OPT VST POLYTRAUMA
IA-RX                OUTPA            JAN 1,2014  DEC 31,2014 YES        RX COST                     YES
IA-OPT               OUTPA            JAN 1,2014                         IA-OPT VST
                                                                        IA-OPT VST PM&RS
                                                                        IA-OPT VST POLYTRAUMA
```

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                                                                    IA-OPT DENTAL
IA-RX                      OUTPA          JAN 1,2015 DEC 31,2015 YES  RX COST                        YES
IA-RX                      OUTPA          JAN 1,2016 DEC 31,2016 YES  RX COST                        YES
IA-RX                      OUTPA          JAN 1,2017 DEC 31,2017 YES  RX COST                        YES
IA-RX                      OUTPA          JAN 1,2018             YES  RX COST                        YES
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
		RATE TYPE: NO FAULT INS.					
NF-INPT	INPAT	INPATIENT		AUG 31,1999		TL-INPT (NPF)	YES
						TL-INPT (PF)	YES
NF-INPT	INPAT		SEP 1,1999	DEC 18,2003		RC-INPT R&B 442	YES
						RC-INPT ANC 442	YES
						RC-SNF 442	
						RC-PHYSICIAN 442	YES
NF-INPT	INPAT		DEC 19,2003			RC-INPT R&B 442	YES
						RC-INPT ANC 442	YES
						RC-INPT FAC PR 442	YES
						RC-INPT FAC HR 442	YES
						RC-INPT FAC ML 442	YES
						RC-INPT R&B ICU 442	YES
						RC-INPT ANC ICU 442	YES
						RC-PHYSICIAN INPT PR 442	YES
						RC-PHYSICIAN INPT MN 442	YES
NF-SNF	INPAT	SKILLED NU	DEC 19,2003			RC-SNF INC 442	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-SNF FAC PR 442	YES
						RC-SNF FAC HR 442	YES
						RC-SNF FAC ML 442	YES
						RC-PHYSICIAN SNF PR 442	YES
						RC-PHYSICIAN SNF MN 442	YES
NF-OPT	OUTPA			AUG 31,1999		TL-OPT VST	YES
						TL-RX FILL	YES
NF-OPT	OUTPA		SEP 1,1999	DEC 18,2003		RC-OPT FAC 442	YES
						RC-PHYSICIAN 442	YES
						RC-OPT FAC 442GB	YES
						RC-PHYSICIAN 442GB	YES
						RC-OPT FAC 442GC	YES
						RC-PHYSICIAN 442GC	YES
						RC-OPT FAC 442GD	YES
						RC-PHYSICIAN 442GD	YES
						RC-OPT FAC 442X1	YES
						RC-PHYSICIAN 442X1	YES
NF-RX	OUTPA		SEP 1,1999	DEC 18,2003		TL-RX FILL	YES

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RATE SCHEDULE List                                              OCT 25, 2018@17:16   PAGE 101
                  BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                         AUTO
NAME              TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET           ADD
-----------------------------------------------------------------------------------------------
NF-OPT            OUTPA            DEC 19,2003                       RC-PHYSICIAN FS PR 442GB   YES
                                                                    RC-PHYSICIAN FS PR 442GC   YES
                                                                    RC-PHYSICIAN FS PR 442GD   YES
                                                                    RC-PHYSICIAN FS MN 442GD   YES
                                                                    RC-PHYSICIAN FS ML 442GD   YES
                                                                    RC-OPT FAC PR 442          YES
                                                                    RC-OPT FAC HR 442          YES
                                                                    RC-OPT FAC ML 442          YES
                                                                    RC-OPT MISC 442
                                                                    RC-PHYSICIAN OPT PR 442    YES
                                                                    RC-PHYSICIAN OPT MN 442    YES
                                                                    RC-PHYSICIAN FS MN 442GB   YES
                                                                    RC-PHYSICIAN FS ML 442GB   YES
                                                                    RC-PHYSICIAN FS MN 442GC   YES
                                                                    RC-PHYSICIAN FS ML 442GC   YES
                                                                    RC-OPT FAC PR 442GD        YES
                                                                    RC-OPT FAC HR 442GD        YES
                                                                    RC-OPT FAC ML 442GD        YES
RATE SCHEDULE List                                              OCT 25, 2018@17:16   PAGE 102
                  BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                         AUTO
NAME              TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET           ADD
-----------------------------------------------------------------------------------------------
                                                                    RC-OPT MISC 442GD
                                                                    RC-PHYSICIAN OPT PR 442GD  YES
                                                                    RC-PHYSICIAN OPT MN 442GD  YES
                                                                    RC-OPT FAC PR 442GC        YES
                                                                    RC-OPT FAC HR 442GC        YES
                                                                    RC-OPT FAC ML 442GC        YES
                                                                    RC-OPT MISC 442GC
                                                                    RC-PHYSICIAN OPT PR 442GC  YES
                                                                    RC-PHYSICIAN OPT MN 442GC  YES
                                                                    RC-OPT FAC PR 442HK        YES
                                                                    RC-OPT FAC HR 442HK        YES
                                                                    RC-OPT FAC ML 442HK        YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK  YES
                                                                    RC-PHYSICIAN OPT MN 442HK  YES
                                                                    RC-OPT FAC PR 442GB        YES
                                                                    RC-OPT FAC HR 442GB        YES
                                                                    RC-OPT FAC ML 442GB        YES
RATE SCHEDULE List                                              OCT 25, 2018@17:16   PAGE 103
                  BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                         AUTO
NAME              TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET           ADD
-----------------------------------------------------------------------------------------------
                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB  YES
                                                                    RC-PHYSICIAN OPT MN 442GB  YES
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                                                          RC-OPT FAC PR 442MA            YES
                                                          RC-OPT FAC HR 442MA            YES
                                                          RC-OPT FAC ML 442MA            YES
                                                          RC-OPT MISC 442MA
                                                          RC-PHYSICIAN OPT PR 442MA      YES
                                                          RC-PHYSICIAN OPT MN 442MA      YES
                                                          RC-PHYSICIAN FS PR 442QB       YES
                                                          RC-PHYSICIAN FS MN 442QB       YES
                                                          RC-PHYSICIAN FS ML 442QB       YES
                                                          RC-PHYSICIAN FS PR 442QA       YES
                                                          RC-PHYSICIAN FS MN 442QA       YES
                                                          RC-PHYSICIAN FS ML 442QA       YES
                                                          RC-OPT FAC PR 442QA            YES
                                                          RC-OPT FAC HR 442QA            YES
                                                          RC-OPT FAC ML 442QA            YES
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 104
                   BILL   BILL      EFFECTIVE    INACTIVE    CHARGES                         AUTO
NAME               TYPE   SERVICE   DATE         DATE        ADJUSTED   CHARGE SET           ADD
-----------------------------------------------------------------------------------------------------
                                                          RC-OPT MISC 442QA
                                                          RC-PHYSICIAN OPT PR 442QA      YES
                                                          RC-PHYSICIAN OPT MN 442QA      YES
                                                          RC-OPT FAC PR 442QB            YES
                                                          RC-OPT FAC HR 442QB            YES
                                                          RC-OPT FAC ML 442QB            YES
                                                          RC-OPT MISC 442QB
                                                          RC-PHYSICIAN OPT PR 442QB      YES
                                                          RC-PHYSICIAN OPT MN 442QB      YES
NF-RX              OUTPA            DEC 19,2003  MAR 17,2011            TL-RX FILL            YES
NF-RX              OUTPA            MAR 18,2011  DEC 31,2011  YES       RX COST               YES
NF-RX              OUTPA            JAN 1,2012   DEC 31,2012  YES       RX COST               YES
NF-RX              OUTPA            JAN 1,2013   DEC 31,2013  YES       RX COST               YES
NF-RX              OUTPA            JAN 1,2014   DEC 31,2014  YES       RX COST               YES
NF-RX              OUTPA            JAN 1,2015   DEC 31,2015  YES       RX COST               YES
NF-RX              OUTPA            JAN 1,2016   DEC 31,2016  YES       RX COST               YES
NF-RX              OUTPA            JAN 1,2017   DEC 31,2017  YES       RX COST               YES
NF-RX              OUTPA            JAN 1,2018                YES       RX COST               YES
RATE SCHEDULE List                                                        OCT 25, 2018@17:16   PAGE 105
                   BILL   BILL      EFFECTIVE    INACTIVE    CHARGES                         AUTO
NAME               TYPE   SERVICE   DATE         DATE        ADJUSTED   CHARGE SET           ADD
-----------------------------------------------------------------------------------------------------
     RATE TYPE: REIMBURSABLE INS.
RI-INPT            INPAT  INPATIENT              AUG 31,1999           TL-INPT (NPF)          YES
                                                          TL-INPT (PF)                   YES
RI-INPT            INPAT            SEP 1,1999   DEC 18,2003           RC-INPT R&B 442        YES
                                                          RC-INPT ANC 442                YES
                                                          RC-SNF 442
                                                          RC-PHYSICIAN 442               YES
RI-INPT            INPAT            DEC 19,2003                        RC-INPT R&B 442        YES
                                                          RC-INPT ANC 442                YES
                                                          RC-INPT FAC PR 442             YES
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                                                            RC-INPT FAC HR 442                         YES
                                                            RC-INPT FAC ML 442                         YES
                                                            RC-INPT R&B ICU 442                        YES
                                                            RC-INPT ANC ICU 442                        YES
                                                            RC-PHYSICIAN INPT PR 442                   YES
                                                            RC-PHYSICIAN INPT MN 442                   YES
RI-SNF            INPAT  SKILLED NU  DEC 19,2003            RC-SNF INC 442                             YES
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                                                            RC-SNF FAC PR 442                          YES
                                                            RC-SNF FAC HR 442                          YES
                                                            RC-SNF FAC ML 442                          YES
                                                            RC-PHYSICIAN SNF PR 442                    YES
                                                            RC-PHYSICIAN SNF MN 442                    YES
RI-OPT           OUTPA                          AUG 31,1999            TL-OPT VST                       YES
                                                            TL-RX FILL                                 YES
RI-OPT           OUTPA             SEP 1,1999  DEC 18,2003            RC-OPT FAC 442                   YES
                                                            RC-PHYSICIAN 442                           YES
                                                            RC-OPT FAC 442GB                           YES
                                                            RC-PHYSICIAN 442GB                         YES
                                                            RC-OPT FAC 442GC                           YES
                                                            RC-PHYSICIAN 442GC                         YES
                                                            RC-OPT FAC 442GD                           YES
                                                            RC-PHYSICIAN 442GD                         YES
                                                            RC-OPT FAC 442X1                           YES
                                                            RC-PHYSICIAN 442X1                         YES
RI-RX            OUTPA  PRESCRIPTI  SEP 1,1999  DEC 18,2003            TL-RX FILL                       YES
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RI-OPT           OUTPA             DEC 19,2003                        RC-PHYSICIAN FS PR 442GB        YES
                                                            RC-PHYSICIAN FS PR 442GC                   YES
                                                            RC-PHYSICIAN FS PR 442GD                   YES
                                                            RC-PHYSICIAN FS MN 442GD                   YES
                                                            RC-PHYSICIAN FS ML 442GD                   YES
                                                            RC-OPT FAC PR 442                          YES
                                                            RC-OPT FAC HR 442                          YES
                                                            RC-OPT FAC ML 442                          YES
                                                            RC-OPT MISC 442
                                                            RC-PHYSICIAN OPT PR 442                    YES
                                                            RC-PHYSICIAN OPT MN 442                    YES
                                                            RC-PHYSICIAN FS MN 442GB                   YES
                                                            RC-PHYSICIAN FS ML 442GB                   YES
                                                            RC-PHYSICIAN FS MN 442GC                   YES
                                                            RC-PHYSICIAN FS ML 442GC                   YES
                                                            RC-OPT FAC PR 442GD                        YES
                                                            RC-OPT FAC HR 442GD                        YES
                                                            RC-OPT FAC ML 442GD                        YES
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RATE SCHEDULE List                                                   OCT 25, 2018@17:16   PAGE 108
                     BILL    BILL      EFFECTIVE    INACTIVE    CHARGES                        AUTO
NAME                 TYPE    SERVICE   DATE         DATE        ADJUSTED   CHARGE SET          ADD
------------------------------------------------------------------------------------------------
                                                                          RC-OPT MISC 442GD
                                                                          RC-PHYSICIAN OPT PR 442GD    YES
                                                                          RC-PHYSICIAN OPT MN 442GD    YES
                                                                          RC-OPT FAC PR 442GC          YES
                                                                          RC-OPT FAC HR 442GC          YES
                                                                          RC-OPT FAC ML 442GC          YES
                                                                          RC-OPT MISC 442GC
                                                                          RC-PHYSICIAN OPT PR 442GC    YES
                                                                          RC-PHYSICIAN OPT MN 442GC    YES
                                                                          RC-OPT FAC PR 442HK          YES
                                                                          RC-OPT FAC HR 442HK          YES
                                                                          RC-OPT FAC ML 442HK          YES
                                                                          RC-OPT MISC 442HK
                                                                          RC-PHYSICIAN OPT PR 442HK    YES
                                                                          RC-PHYSICIAN OPT MN 442HK    YES
                                                                          RC-OPT FAC PR 442GB          YES
                                                                          RC-OPT FAC HR 442GB          YES
                                                                          RC-OPT FAC ML 442GB          YES
RATE SCHEDULE List                                                   OCT 25, 2018@17:16   PAGE 109
                     BILL    BILL      EFFECTIVE    INACTIVE    CHARGES                        AUTO
NAME                 TYPE    SERVICE   DATE         DATE        ADJUSTED   CHARGE SET          ADD
------------------------------------------------------------------------------------------------
                                                                          RC-OPT MISC 442GB
                                                                          RC-PHYSICIAN OPT PR 442GB    YES
                                                                          RC-PHYSICIAN OPT MN 442GB    YES
                                                                          RC-OPT FAC PR 442MA          YES
                                                                          RC-OPT FAC HR 442MA          YES
                                                                          RC-OPT FAC ML 442MA          YES
                                                                          RC-OPT MISC 442MA
                                                                          RC-PHYSICIAN OPT PR 442MA    YES
                                                                          RC-PHYSICIAN OPT MN 442MA    YES
                                                                          RC-PHYSICIAN FS PR 442QB     YES
                                                                          RC-PHYSICIAN FS MN 442QB     YES
                                                                          RC-PHYSICIAN FS ML 442QB     YES
                                                                          RC-PHYSICIAN FS PR 442QA     YES
                                                                          RC-PHYSICIAN FS MN 442QA     YES
                                                                          RC-PHYSICIAN FS ML 442QA     YES
                                                                          RC-OPT FAC PR 442QA          YES
                                                                          RC-OPT FAC HR 442QA          YES
                                                                          RC-OPT FAC ML 442QA          YES
RATE SCHEDULE List                                                   OCT 25, 2018@17:16   PAGE 110
                     BILL    BILL      EFFECTIVE    INACTIVE    CHARGES                        AUTO
NAME                 TYPE    SERVICE   DATE         DATE        ADJUSTED   CHARGE SET          ADD
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                                                                          RC-OPT MISC 442QA
                                                                          RC-PHYSICIAN OPT PR 442QA    YES
                                                                          RC-PHYSICIAN OPT MN 442QA    YES
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                                                          RC-OPT FAC PR 442QB            YES
                                                          RC-OPT FAC HR 442QB            YES
                                                          RC-OPT FAC ML 442QB            YES
                                                          RC-OPT MISC 442QB
                                                          RC-PHYSICIAN OPT PR 442QB      YES
                                                          RC-PHYSICIAN OPT MN 442QB      YES
RI-RX            OUTPA           DEC 19,2003 MAR 17,2011       TL-RX FILL                YES
RI-RX            OUTPA           MAR 18,2011 DEC 31,2011 YES   RX COST                   YES
RI-RX            OUTPA           JAN 1,2012  DEC 31,2012 YES   RX COST                   YES
RI-RX            OUTPA           JAN 1,2013  DEC 31,2013 YES   RX COST                   YES
RI-RX            OUTPA           JAN 1,2014  DEC 31,2014 YES   RX COST                   YES
RI-RX            OUTPA           JAN 1,2015  DEC 31,2015 YES   RX COST                   YES
RI-RX            OUTPA           JAN 1,2016  DEC 31,2016 YES   RX COST                   YES
RI-RX            OUTPA           JAN 1,2017  DEC 31,2017 YES   RX COST                   YES
RI-RX            OUTPA           JAN 1,2018              YES   RX COST                   YES
RATE SCHEDULE List                                                     OCT 25, 2018@17:16  PAGE 111
                 BILL   BILL     EFFECTIVE   INACTIVE    CHARGES                         AUTO
NAME             TYPE   SERVICE  DATE        DATE        ADJUSTED   CHARGE SET           ADD
-------------------------------------------------------------------------------------------------
      RATE TYPE: SHARING AGREEMENT
SHARING AGREEMENT   OUTPA  OUTPATIENT                    YES        CMAC 389 C1 WYO      YES
                                                                   CMAC 314 C1 COLO     YES
                                                                   CMAC 314 FAC/PHYS    YES
                                                                   CMAC 314 FAC/NONPHYS
                                                                   CMAC 389 FAC/PHYS    YES
                                                                   CMAC 389 FAC/NONPHYS
                                                                   CMAC 314 NONFAC/PHYS
                                                                   CMAC 314 NONFAC/NONPHYS
                                                                   CMAC 389 NONFAC/PHYS
                                                                   CMAC 389 NONFAC/NONPHYS
      RATE TYPE: TORT FEASOR
RATE SCHEDULE List                                                     OCT 25, 2018@17:16  PAGE 112
                 BILL   BILL     EFFECTIVE   INACTIVE    CHARGES                         AUTO
NAME             TYPE   SERVICE  DATE        DATE        ADJUSTED   CHARGE SET           ADD
-------------------------------------------------------------------------------------------------
TF-INPT          INPAT  INPATIENT            JAN 6,2004             TL-INPT (NPF)        YES
                                                                   TL-INPT (PF)         YES
TF-INPT          INPAT           JAN 7,2004                        RC-INPT R&B 442      YES
                                                                   RC-INPT ANC 442      YES
                                                                   RC-INPT FAC PR 442   YES
                                                                   RC-INPT FAC HR 442   YES
                                                                   RC-INPT FAC ML 442   YES
                                                                   RC-INPT R&B ICU 442  YES
                                                                   RC-INPT ANC ICU 442  YES
                                                                   RC-PHYSICIAN INPT PR 442  YES
                                                                   RC-PHYSICIAN INPT MN 442  YES
TF-SNF           INPAT  SKILLED NU  JAN 7,2004                     RC-SNF INC 442       YES
                                                                   RC-SNF FAC PR 442    YES
                                                                   RC-SNF FAC HR 442    YES
                                                                   RC-SNF FAC ML 442    YES
                                                                   RC-PHYSICIAN SNF PR 442   YES
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                                               RC-PHYSICIAN SNF MN 442         YES
RATE SCHEDULE List                                            OCT 25, 2018@17:16   PAGE 113
                BILL  BILL    EFFECTIVE   INACTIVE   CHARGES                    AUTO
NAME            TYPE  SERVICE DATE        DATE       ADJUSTED  CHARGE SET        ADD
---------------------------------------------------------------------------------------------
TF-OPT          OUTPA                     JAN 6,2004           TL-OPT VST        YES
                                                              TL-RX FILL        YES
TF-OPT          OUTPA         JAN 7,2004                       RC-PHYSICIAN FS PR 442GB   YES
                                                              RC-PHYSICIAN FS PR 442GC   YES
                                                              RC-PHYSICIAN FS PR 442GD   YES
                                                              RC-PHYSICIAN FS MN 442GD   YES
                                                              RC-PHYSICIAN FS ML 442GD   YES
                                                              RC-OPT FAC PR 442         YES
                                                              RC-OPT FAC HR 442         YES
                                                              RC-OPT FAC ML 442         YES
                                                              RC-OPT MISC 442
                                                              RC-PHYSICIAN OPT PR 442    YES
                                                              RC-PHYSICIAN OPT MN 442    YES
                                                              RC-PHYSICIAN FS MN 442GB   YES
                                                              RC-PHYSICIAN FS ML 442GB   YES
                                                              RC-PHYSICIAN FS MN 442GC   YES
                                                              RC-PHYSICIAN FS ML 442GC   YES
                                                              RC-OPT FAC PR 442GD       YES
RATE SCHEDULE List                                            OCT 25, 2018@17:16   PAGE 114
                BILL  BILL    EFFECTIVE   INACTIVE   CHARGES                    AUTO
NAME            TYPE  SERVICE DATE        DATE       ADJUSTED  CHARGE SET        ADD
---------------------------------------------------------------------------------------------
                                                              RC-OPT FAC HR 442GD       YES
                                                              RC-OPT FAC ML 442GD       YES
                                                              RC-OPT MISC 442GD
                                                              RC-PHYSICIAN OPT PR 442GD  YES
                                                              RC-PHYSICIAN OPT MN 442GD  YES
                                                              RC-OPT FAC PR 442GC       YES
                                                              RC-OPT FAC HR 442GC       YES
                                                              RC-OPT FAC ML 442GC       YES
                                                              RC-OPT MISC 442GC
                                                              RC-PHYSICIAN OPT PR 442GC  YES
                                                              RC-PHYSICIAN OPT MN 442GC  YES
                                                              RC-OPT FAC PR 442HK       YES
                                                              RC-OPT FAC HR 442HK       YES
                                                              RC-OPT FAC ML 442HK       YES
                                                              RC-OPT MISC 442HK
                                                              RC-PHYSICIAN OPT PR 442HK  YES
                                                              RC-PHYSICIAN OPT MN 442HK  YES
                                                              RC-OPT FAC PR 442GB       YES
RATE SCHEDULE List                                            OCT 25, 2018@17:16   PAGE 115
                BILL  BILL    EFFECTIVE   INACTIVE   CHARGES                    AUTO
NAME            TYPE  SERVICE DATE        DATE       ADJUSTED  CHARGE SET        ADD
---------------------------------------------------------------------------------------------
                                                              RC-OPT FAC HR 442GB       YES
                                                              RC-OPT FAC ML 442GB       YES
```

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                                                   RC-OPT MISC 442GB
                                                   RC-PHYSICIAN OPT PR 442GB        YES
                                                   RC-PHYSICIAN OPT MN 442GB        YES
                                                   RC-OPT FAC PR 442MA              YES
                                                   RC-OPT FAC HR 442MA              YES
                                                   RC-OPT FAC ML 442MA              YES
                                                   RC-OPT MISC 442MA
                                                   RC-PHYSICIAN OPT PR 442MA        YES
                                                   RC-PHYSICIAN OPT MN 442MA        YES
                                                   RC-PHYSICIAN FS PR 442QB         YES
                                                   RC-PHYSICIAN FS MN 442QB         YES
                                                   RC-PHYSICIAN FS ML 442QB         YES
                                                   RC-PHYSICIAN FS PR 442QA         YES
                                                   RC-PHYSICIAN FS MN 442QA         YES
                                                   RC-PHYSICIAN FS ML 442QA         YES
                                                   RC-OPT FAC PR 442QA              YES
```
```
                        BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME                    TYPE   SERVICE  DATE        DATE       ADJUSTED  CHARGE SET                ADD
------------------------------------------------------------------------------------------------------
                                                   RC-OPT FAC HR 442QA              YES
                                                   RC-OPT FAC ML 442QA              YES
                                                   RC-OPT MISC 442QA
                                                   RC-PHYSICIAN OPT PR 442QA        YES
                                                   RC-PHYSICIAN OPT MN 442QA        YES
                                                   RC-OPT FAC PR 442QB              YES
                                                   RC-OPT FAC HR 442QB              YES
                                                   RC-OPT FAC ML 442QB              YES
                                                   RC-OPT MISC 442QB
                                                   RC-PHYSICIAN OPT PR 442QB        YES
                                                   RC-PHYSICIAN OPT MN 442QB        YES
TF-RX            OUTPA           JAN 7,2004   MAR 17,2011           TL-RX FILL                YES
TF-RX            OUTPA           MAR 18,2011  DEC 31,2011  YES      RX COST                   YES
TF-RX            OUTPA           JAN 1,2012   DEC 31,2012  YES      RX COST                   YES
TF-RX            OUTPA           JAN 1,2013   DEC 31,2013  YES      RX COST                   YES
TF-RX            OUTPA           JAN 1,2014   DEC 31,2014  YES      RX COST                   YES
TF-RX            OUTPA           JAN 1,2015   DEC 31,2015  YES      RX COST                   YES
TF-RX            OUTPA           JAN 1,2016   DEC 31,2016  YES      RX COST                   YES
```
```
                        BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME                    TYPE   SERVICE  DATE        DATE       ADJUSTED  CHARGE SET                ADD
------------------------------------------------------------------------------------------------------
TF-RX            OUTPA           JAN 1,2017   DEC 31,2017  YES      RX COST                   YES
TF-RX            OUTPA           JAN 1,2018                YES      RX COST                   YES
       RATE TYPE: TRICARE
TRICARE Inpt     INPAT  INPATIENT OCT 1,2005  DEC 31,2007          CMAC 389 FAC/NONPHYS       YES
                                                   CMAC 389 FAC/PHYS                YES
                                                   CMAC 389 NONFAC/NONPHYS          YES
                                                   CMAC 389 NONFAC/PHYS             YES
TR-INPT          INPAT  INPATIENT JAN 1,2008                       RC-INPT ANC 442            YES
                                                   RC-INPT ANC ICU 442              YES
```

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                                                              RC-INPT FAC HR 442              YES
                                                              RC-INPT FAC ML 442              YES
                                                              RC-INPT FAC PR 442              YES
                                                              RC-INPT R&B 442                 YES
                                                              RC-INPT R&B ICU 442             YES
                                                              RC-PHYSICIAN INPT MN 442        YES
                                                              RC-PHYSICIAN INPT PR 442        YES
TR-SNF             INPAT  SKILLED NU  JAN 1,2008              RC-SNF FAC HR 442               YES
```

RATE SCHEDULE List   OCT 25, 2018@17:16 PAGE 118

```
                   BILL   BILL       EFFECTIVE  INACTIVE   CHARGES                            AUTO
NAME               TYPE   SERVICE    DATE       DATE       ADJUSTED  CHARGE SET               ADD
--------------------------------------------------------------------------------------------------
                                                              RC-SNF FAC ML 442               YES
                                                              RC-SNF FAC PR 442               YES
                                                              RC-SNF INC 442                  YES
                                                              RC-PHYSICIAN SNF MN 442         YES
                                                              RC-PHYSICIAN SNF PR 442         YES
TR-RX              OUTPA  PRESCRIPTI JAN 1,2006  JAN 22,2012 YES     RX COST                  YES
TR-RX              OUTPA  PRESCRIPTI JAN 23,2012 DEC 31,2013 YES     RX COST                  YES
TR-RX              OUTPA  PRESCRIPTI JAN 1,2014  FEB 19,2015 YES     RX COST                  YES
TR-RX              OUTPA  PRESCRIPTI FEB 20,2015 DEC 31,2015 YES     RX COST                  YES
TR-RX              OUTPA  PRESCRIPTI JAN 1,2016  DEC 31,2016 YES     RX COST                  YES
TR-RX              OUTPA  PRESCRIPTI JAN 1,2017  DEC 31,2017 YES     RX COST                  YES
TRICARE Opt        OUTPA  OUTPATIENT            DEC 31,2007          CMAC 389 C1 WYO          YES
                                                              CMAC 389 C1 (PC) WYO
                                                              CMAC 389 C1 (TC) WYO
                                                              CMAC 389 C2 WYO
                                                              CMAC 389 C3&4 WYO
                                                              CMAC 389 C4 (PC) WYO
                                                              CMAC 314 C1 COLO                YES
```

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                   BILL   BILL       EFFECTIVE  INACTIVE   CHARGES                            AUTO
NAME               TYPE   SERVICE    DATE       DATE       ADJUSTED  CHARGE SET               ADD
--------------------------------------------------------------------------------------------------
                                                              CMAC 314 C1 (PC) COLO
                                                              CMAC 314 C1 (TC) COLO
                                                              CMAC 314 C2 COLO
                                                              CMAC 314 C3&4 COLO
                                                              CMAC 314 C4 (PC) COLO
                                                              CMAC 314 C4 (TC) COLO
                                                              CMAC 314 FAC/PHYS               YES
                                                              CMAC 314 FAC/NONPHYS
                                                              CMAC 389 FAC/PHYS               YES
                                                              CMAC 389 FAC/NONPHYS
                                                              CMAC 314 NONFAC/PHYS
                                                              CMAC 314 NONFAC/NONPHYS
                                                              CMAC 389 NONFAC/PHYS
                                                              CMAC 389 NONFAC/NONPHYS
TR-OPT             OUTPA  OUTPATIENT JAN 1,2008              RC-OPT FAC HR 442                YES
                                                              RC-OPT FAC ML 442               YES
                                                              RC-OPT FAC PR 442               YES
```

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                                                     RC-OPT MISC 442
RATE SCHEDULE List                                                         OCT 25, 2018@17:16  PAGE 120
                    BILL  BILL        EFFECTIVE  INACTIVE   CHARGES                              AUTO
NAME                TYPE  SERVICE     DATE       DATE       ADJUSTED   CHARGE SET                ADD
--------------------------------------------------------------------------------------------------------
                                                                      RC-PHYSICIAN OPT MN 442       YES
                                                                      RC-PHYSICIAN OPT PR 442       YES
                                                                      RC-PHYSICIAN FS ML 442GB      YES
                                                                      RC-PHYSICIAN FS ML 442GC      YES
                                                                      RC-PHYSICIAN FS ML 442GD      YES
                                                                      RC-PHYSICIAN FS MN 442GB      YES
                                                                      RC-PHYSICIAN FS MN 442GC      YES
                                                                      RC-PHYSICIAN FS MN 442GD      YES
                                                                      RC-PHYSICIAN FS PR 442GB      YES
                                                                      RC-PHYSICIAN FS PR 442GC      YES
                                                                      RC-PHYSICIAN FS PR 442GD      YES
TR-RX               OUTPA PRESCRIPTI  JAN 1,2018            YES        RX COST                       YES
        RATE TYPE: TRICARE DENTAL
RATE SCHEDULE List                                                         OCT 25, 2018@17:16  PAGE 121
                    BILL  BILL        EFFECTIVE  INACTIVE   CHARGES                              AUTO
NAME                TYPE  SERVICE     DATE       DATE       ADJUSTED   CHARGE SET                ADD
--------------------------------------------------------------------------------------------------------
TR-DENTAL           OUTPA OUTPATIENT  DEC 19,2003                      RC-PHYSICIAN FS PR 442GB      YES
                                                                      RC-PHYSICIAN FS PR 442GC      YES
                                                                      RC-PHYSICIAN FS PR 442GD      YES
                                                                      RC-PHYSICIAN FS MN 442GD      YES
                                                                      RC-PHYSICIAN FS ML 442GD      YES
                                                                      RC-OPT FAC PR 442             YES
                                                                      RC-OPT FAC HR 442             YES
                                                                      RC-OPT FAC ML 442             YES
                                                                      RC-OPT MISC 442
                                                                      RC-PHYSICIAN OPT PR 442       YES
                                                                      RC-PHYSICIAN OPT MN 442       YES
                                                                      RC-PHYSICIAN FS MN 442GB      YES
                                                                      RC-PHYSICIAN FS ML 442GB      YES
                                                                      RC-PHYSICIAN FS MN 442GC      YES
                                                                      RC-PHYSICIAN FS ML 442GC      YES
                                                                      RC-OPT FAC PR 442GD           YES
                                                                      RC-OPT FAC HR 442GD           YES
                                                                      RC-OPT FAC ML 442GD           YES
RATE SCHEDULE List                                                         OCT 25, 2018@17:16  PAGE 122
                    BILL  BILL        EFFECTIVE  INACTIVE   CHARGES                              AUTO
NAME                TYPE  SERVICE     DATE       DATE       ADJUSTED   CHARGE SET                ADD
--------------------------------------------------------------------------------------------------------
                                                                      RC-OPT MISC 442GD
                                                                      RC-PHYSICIAN OPT PR 442GD     YES
                                                                      RC-PHYSICIAN OPT MN 442GD     YES
                                                                      RC-OPT FAC PR 442GC           YES
                                                                      RC-OPT FAC HR 442GC           YES
                                                                      RC-OPT FAC ML 442GC           YES
                                                                      RC-OPT MISC 442GC
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                                                    RC-PHYSICIAN OPT PR 442GC         YES
                                                    RC-PHYSICIAN OPT MN 442GC         YES
                                                    RC-OPT FAC PR 442HK               YES
                                                    RC-OPT FAC HR 442HK               YES
                                                    RC-OPT FAC ML 442HK               YES
                                                    RC-OPT MISC 442HK
                                                    RC-PHYSICIAN OPT PR 442HK         YES
                                                    RC-PHYSICIAN OPT MN 442HK         YES
                                                    RC-OPT FAC PR 442GB               YES
                                                    RC-OPT FAC HR 442GB               YES
                                                    RC-OPT FAC ML 442GB               YES
RATE SCHEDULE List                                                  OCT 25, 2018@17:16   PAGE 123
                 BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                     AUTO
NAME             TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET       ADD
------------------------------------------------------------------------------------------------
                                                    RC-OPT MISC 442GB
                                                    RC-PHYSICIAN OPT PR 442GB         YES
                                                    RC-PHYSICIAN OPT MN 442GB         YES
                                                    RC-OPT FAC PR 442MA               YES
                                                    RC-OPT FAC HR 442MA               YES
                                                    RC-OPT FAC ML 442MA               YES
                                                    RC-OPT MISC 442MA
                                                    RC-PHYSICIAN OPT PR 442MA         YES
                                                    RC-PHYSICIAN OPT MN 442MA         YES
                                                    RC-PHYSICIAN FS PR 442QB          YES
                                                    RC-PHYSICIAN FS MN 442QB          YES
                                                    RC-PHYSICIAN FS ML 442QB          YES
                                                    RC-PHYSICIAN FS PR 442QA          YES
                                                    RC-PHYSICIAN FS MN 442QA          YES
                                                    RC-PHYSICIAN FS ML 442QA          YES
                                                    RC-OPT FAC PR 442QA               YES
                                                    RC-OPT FAC HR 442QA               YES
                                                    RC-OPT FAC ML 442QA               YES
RATE SCHEDULE List                                                  OCT 25, 2018@17:16   PAGE 124
                 BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                     AUTO
NAME             TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET       ADD
------------------------------------------------------------------------------------------------
                                                    RC-OPT MISC 442QA
                                                    RC-PHYSICIAN OPT PR 442QA         YES
                                                    RC-PHYSICIAN OPT MN 442QA         YES
                                                    RC-OPT FAC PR 442QB               YES
                                                    RC-OPT FAC HR 442QB               YES
                                                    RC-OPT FAC ML 442QB               YES
                                                    RC-OPT MISC 442QB
                                                    RC-PHYSICIAN OPT PR 442QB         YES
                                                    RC-PHYSICIAN OPT MN 442QB         YES
     RATE TYPE: TRICARE PHARMACY
TR-PHARM           OUTPA          JAN 1,2018             RX COST                      YES
     RATE TYPE: TRICARE REIMB. INS.
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                  BILL   BILL       EFFECTIVE  INACTIVE   CHARGES                           AUTO
NAME              TYPE   SERVICE    DATE       DATE       ADJUSTED   CHARGE SET             ADD
------------------------------------------------------------------------------------------------
TRRI-INPT         INPAT  INPATIENT  JAN 1,2008                       RC-INPT ANC 442         YES
                                                                     RC-INPT ANC ICU 442     YES
                                                                     RC-INPT FAC HR 442      YES
                                                                     RC-INPT FAC ML 442      YES
                                                                     RC-INPT FAC PR 442      YES
                                                                     RC-INPT R&B 442         YES
                                                                     RC-INPT R&B ICU 442     YES
                                                                     RC-PHYSICIAN INPT MN 442 YES
                                                                     RC-PHYSICIAN INPT PR 442 YES
TRRI-SNF          INPAT  SKILLED NU JAN 1,2008                       RC-SNF FAC HR 442       YES
                                                                     RC-SNF FAC ML 442       YES
                                                                     RC-SNF FAC PR 442       YES
                                                                     RC-SNF INC 442          YES
                                                                     RC-PHYSICIAN SNF MN 442 YES
                                                                     RC-PHYSICIAN SNF PR 442 YES
```

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                  BILL   BILL       EFFECTIVE  INACTIVE    CHARGES                           AUTO
NAME              TYPE   SERVICE    DATE       DATE        ADJUSTED   CHARGE SET             ADD
------------------------------------------------------------------------------------------------
TRRI-RX           OUTPA  PRESCRIPTI JAN 1,2006 JAN 22,2012 YES        RX COST                YES
TRRI-RX           OUTPA  PRESCRIPTI JAN 23,2012 DEC 31,2013 YES       RX COST                YES
TRRI-RX           OUTPA  PRESCRIPTI JAN 1,2014 FEB 19,2015 YES        RX COST                YES
TRRI-RX           OUTPA  PRESCRIPTI FEB 20,2015 DEC 31,2015 YES       RX COST                YES
TRRI-RX           OUTPA  PRESCRIPTI JAN 1,2016 DEC 31,2016 YES        RX COST                YES
TRRI-RX           OUTPA  PRESCRIPTI JAN 1,2017 DEC 31,2017 YES        RX COST                YES
TRICARE Ins Opt   OUTPA  OUTPATIENT            DEC 31,2007            CMAC 389 C1 WYO         YES
                                                                     CMAC 389 C1 (PC) WYO
                                                                     CMAC 389 C1 (TC) WYO
                                                                     CMAC 389 C2 WYO
                                                                     CMAC 389 C3&4 WYO
                                                                     CMAC 389 C4 (PC) WYO
                                                                     CMAC 389 C4 (TC) WYO
                                                                     CMAC 314 C1 (PC) COLO
                                                                     CMAC 314 C1 COLO        YES
                                                                     CMAC 314 C1 (TC) COLO
                                                                     CMAC 314 C2 COLO
                                                                     CMAC 314 C3&4 COLO
```

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                  BILL   BILL       EFFECTIVE  INACTIVE   CHARGES                           AUTO
NAME              TYPE   SERVICE    DATE       DATE       ADJUSTED   CHARGE SET             ADD
------------------------------------------------------------------------------------------------
                                                                     CMAC 314 C4 (PC) COLO
                                                                     CMAC 314 C4 (TC) COLO
                                                                     CMAC 314 FAC/PHYS       YES
                                                                     CMAC 314 FAC/NONPHYS
                                                                     CMAC 389 FAC/PHYS       YES
                                                                     CMAC 389 FAC/NONPHYS
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                                                      CMAC 314 NONFAC/PHYS
                                                      CMAC 314 NONFAC/NONPHYS
                                                      CMAC 389 NONFAC/PHYS
                                                      CMAC 389 NONFAC/NONPHYS
TRRI-OPT            OUTPA  OUTPATIENT  JAN 1,2008      RC-OPT FAC HR 442          YES
                                                      RC-OPT FAC ML 442          YES
                                                      RC-OPT FAC PR 442          YES
                                                      RC-OPT MISC 442
                                                      RC-PHYSICIAN OPT MN 442    YES
                                                      RC-PHYSICIAN OPT PR 442    YES
                                                      RC-PHYSICIAN FS ML 442GB   YES
                                                      RC-PHYSICIAN FS ML 442GC   YES
RATE SCHEDULE List                                              OCT 25, 2018@17:16   PAGE 128
                   BILL  BILL      EFFECTIVE   INACTIVE   CHARGES                   AUTO
NAME               TYPE  SERVICE   DATE        DATE       ADJUSTED   CHARGE SET     ADD
-----------------------------------------------------------------------------------------------
                                                      RC-PHYSICIAN FS ML 442GD   YES
                                                      RC-PHYSICIAN FS MN 442GB   YES
                                                      RC-PHYSICIAN FS MN 442GC   YES
                                                      RC-PHYSICIAN FS MN 442GD   YES
                                                      RC-PHYSICIAN FS PR 442GB   YES
                                                      RC-PHYSICIAN FS PR 442GC   YES
                                                      RC-PHYSICIAN FS PR 442GD   YES
TRRI-RX            OUTPA  PRESCRIPTI  JAN 1,2018            YES      RX COST        YES
      RATE TYPE: WORKERS' COMP.
WC-INPT            INPAT  INPATIENT             AUG 31,1999         TL-INPT (NPF)   YES
                                                      TL-INPT (PF)               YES
WC-INPT            INPAT              SEP 1,1999  DEC 18,2003       RC-INPT R&B 442 YES
                                                      RC-INPT ANC 442            YES
                                                      RC-SNF 442
                                                      RC-PHYSICIAN 442           YES
WC-INPT            INPAT              DEC 19,2003          RC-INPT R&B 442        YES
                                                      RC-INPT ANC 442            YES
RATE SCHEDULE List                                              OCT 25, 2018@17:16   PAGE 129
                   BILL  BILL      EFFECTIVE   INACTIVE   CHARGES                   AUTO
NAME               TYPE  SERVICE   DATE        DATE       ADJUSTED   CHARGE SET     ADD
-----------------------------------------------------------------------------------------------
                                                      RC-INPT FAC PR 442         YES
                                                      RC-INPT FAC HR 442         YES
                                                      RC-INPT FAC ML 442         YES
                                                      RC-INPT R&B ICU 442        YES
                                                      RC-INPT ANC ICU 442        YES
                                                      RC-PHYSICIAN INPT PR 442   YES
                                                      RC-PHYSICIAN INPT MN 442   YES
WC-SNF             INPAT  SKILLED NU  DEC 19,2003         RC-SNF INC 442          YES
                                                      RC-SNF FAC PR 442          YES
                                                      RC-SNF FAC HR 442          YES
                                                      RC-SNF FAC ML 442          YES
                                                      RC-PHYSICIAN SNF PR 442    YES
                                                      RC-PHYSICIAN SNF MN 442    YES
```

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WC-OPT               OUTPA                     AUG 31,1999              TL-OPT VST                      YES
                                                                       TL-RX FILL                      YES
WC-OPT               OUTPA        SEP 1,1999   DEC 18,2003             RC-OPT FAC 442                   YES
                                                                       RC-PHYSICIAN 442                YES
                                                                       RC-OPT FAC 442GB                YES
```

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                                                                       RC-PHYSICIAN 442GB              YES
                                                                       RC-OPT FAC 442GC                YES
                                                                       RC-PHYSICIAN 442GC              YES
                                                                       RC-OPT FAC 442GD                YES
                                                                       RC-PHYSICIAN 442GD              YES
                                                                       RC-OPT FAC 442X1                YES
                                                                       RC-PHYSICIAN 442X1              YES
WC-RX                OUTPA        SEP 1,1999   DEC 18,2003             TL-RX FILL                      YES
WC-OPT               OUTPA        DEC 19,2003                          RC-PHYSICIAN FS PR 442GB        YES
                                                                       RC-PHYSICIAN FS PR 442GC        YES
                                                                       RC-PHYSICIAN FS PR 442GD        YES
                                                                       RC-PHYSICIAN FS MN 442GD        YES
                                                                       RC-PHYSICIAN FS ML 442GD        YES
                                                                       RC-OPT FAC PR 442               YES
                                                                       RC-OPT FAC HR 442               YES
                                                                       RC-OPT FAC ML 442               YES
                                                                       RC-OPT MISC 442
                                                                       RC-PHYSICIAN OPT PR 442         YES
```

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                                                                       RC-PHYSICIAN OPT MN 442         YES
                                                                       RC-PHYSICIAN FS MN 442GB        YES
                                                                       RC-PHYSICIAN FS ML 442GB        YES
                                                                       RC-PHYSICIAN FS MN 442GC        YES
                                                                       RC-PHYSICIAN FS ML 442GC        YES
                                                                       RC-OPT FAC PR 442GD             YES
                                                                       RC-OPT FAC HR 442GD             YES
                                                                       RC-OPT FAC ML 442GD             YES
                                                                       RC-OPT MISC 442GD
                                                                       RC-PHYSICIAN OPT PR 442GD       YES
                                                                       RC-PHYSICIAN OPT MN 442GD       YES
                                                                       RC-OPT FAC PR 442GC             YES
                                                                       RC-OPT FAC HR 442GC             YES
                                                                       RC-OPT FAC ML 442GC             YES
                                                                       RC-OPT MISC 442GC
                                                                       RC-PHYSICIAN OPT PR 442GC       YES
                                                                       RC-PHYSICIAN OPT MN 442GC       YES
                                                                       RC-OPT FAC PR 442HK             YES
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-OPT FAC HR 442HK	YES
						RC-OPT FAC ML 442HK	YES
						RC-OPT MISC 442HK	
						RC-PHYSICIAN OPT PR 442HK	YES
						RC-PHYSICIAN OPT MN 442HK	YES
						RC-OPT FAC PR 442GB	YES
						RC-OPT FAC HR 442GB	YES
						RC-OPT FAC ML 442GB	YES
						RC-OPT MISC 442GB	
						RC-PHYSICIAN OPT PR 442GB	YES
						RC-PHYSICIAN OPT MN 442GB	YES
						RC-OPT FAC PR 442MA	YES
						RC-OPT FAC HR 442MA	YES
						RC-OPT FAC ML 442MA	YES
						RC-OPT MISC 442MA	
						RC-PHYSICIAN OPT PR 442MA	YES
						RC-PHYSICIAN OPT MN 442MA	YES
						RC-PHYSICIAN FS PR 442QB	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-PHYSICIAN FS MN 442QB	YES
						RC-PHYSICIAN FS ML 442QB	YES
						RC-PHYSICIAN FS PR 442QA	YES
						RC-PHYSICIAN FS MN 442QA	YES
						RC-PHYSICIAN FS ML 442QA	YES
						RC-OPT FAC PR 442QA	YES
						RC-OPT FAC HR 442QA	YES
						RC-OPT FAC ML 442QA	YES
						RC-OPT MISC 442QA	
						RC-PHYSICIAN OPT PR 442QA	YES
						RC-PHYSICIAN OPT MN 442QA	YES
						RC-OPT FAC PR 442QB	YES
						RC-OPT FAC HR 442QB	YES
						RC-OPT FAC ML 442QB	YES
						RC-OPT MISC 442QB	
						RC-PHYSICIAN OPT PR 442QB	YES
						RC-PHYSICIAN OPT MN 442QB	YES
WC-RX	OUTPA		DEC 19,2003	MAR 17,2011		TL-RX FILL	YES

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
WC-RX	OUTPA		MAR 18,2011	DEC 31,2011	YES	RX COST	YES
WC-RX	OUTPA		JAN 1,2012	DEC 31,2012	YES	RX COST	YES

```
WC-RX              OUTPA           JAN 1,2013   DEC 31,2013  YES     RX COST                    YES
WC-RX              OUTPA           JAN 1,2014   DEC 31,2014  YES     RX COST                    YES
WC-RX              OUTPA           JAN 1,2015   DEC 31,2015  YES     RX COST                    YES
WC-RX              OUTPA           JAN 1,2016   DEC 31,2016  YES     RX COST                    YES
WC-RX              OUTPA           JAN 1,2017   DEC 31,2017  YES     RX COST                    YES
WC-RX              OUTPA           JAN 1,2018                YES     RX COST                    YES
```

BILLING RATE LIST

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----------------------------------------------------------------
BILLING RATE List              OCT 25, 2018@17:26   PAGE 1
                                                         CHARGE
NAME                       ABBREVIATION DISTRIBUTION  BILLABLE ITEM METHOD
----------------------------------------------------------------------------
INTERAGENCY                IA          NATIONAL    BEDSECTION    COUNT
RC FACILITY HR             RC F/HR     NATIONAL    CPT           HOURS
RC FACILITY ML             RC F/ML     NATIONAL    CPT           MILES
RC FACILITY PER DIEM       RC F/PD     NATIONAL    BEDSECTION    COUNT
RC FACILITY PR             RC F/PR     NATIONAL    CPT           COUNT
RC INPATIENT FACILITY      RC INPT     NATIONAL    DRG           COUNT
RC MISCELLANEOUS           RC MISC     NATIONAL    MISCELLANEOUS COUNT
RC PHYSICIAN ML            RC P/ML     NATIONAL    CPT           MILES
RC PHYSICIAN MN            RC P/MN     NATIONAL    CPT           MINUTES
RC PHYSICIAN PR            RC P/PR     NATIONAL    CPT           COUNT
RC SKILLED NURSING/SUB-ACUTE RC SN/SA  NATIONAL    MISCELLANEOUS COUNT
TORTIOUSLY LIABLE          TORT        NATIONAL    BEDSECTION    COUNT
TORTIOUSLY LIABLE MISC     TORT MIS    NATIONAL    MISCELLANEOUS COUNT
TP INPATIENT               TP INPT     NATIONAL    DRG           COUNT
TP OUTPATIENT              TP OPT      NATIONAL    CPT           COUNT
VA COST                    VA COST     NATIONAL                  VA COST
AMBULATORY SURGERY         ASC         LOCAL       CPT           COUNT
AVERAGE WHOLESALE PRICE    AWP         LOCAL       NDC #         QUANTITY
CMAC                       CMAC        LOCAL       CPT           COUNT
SHARING AGREEMENT          SHARING     LOCAL       CPT           COUNT
```

Charge Set List

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CHARGE SET List                          OCT 25, 2018@17:19   PAGE 1
                                                  DEFAULT
                                                  REVENUE   DEFAULT
NAME                    BILLABLE EVENT       CHARGE TYPE    CODE     BEDSECTION REGION
-----------------------------------------------------------------------------------
        BILLING RATE: CMAC
CMAC 314 FAC/PHYS       PROCEDURE            PROFESSIONAL   510 OUTPATIENT VISI  CMAC 314
CMAC 314 FAC/NONPHYS    PROCEDURE            PROFESSIONAL   510 OUTPATIENT VISI  CMAC 314
CMAC 389 FAC/PHYS       PROCEDURE            PROFESSIONAL   510 OUTPATIENT VISI  CMAC 389
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CMAC 389 FAC/NONPHYS        PROCEDURE            PR OFESSIONAL   510 OUTPATIENT VISI  CMAC 389
CMAC 314 NONFAC/PHYS        PROCEDURE            PROFESSIONAL    510 OUTPATIENT VISI  CMAC 314
CMAC 314 NONFAC/NONPHYS     PROCEDURE            PROFESSIONAL    510 OUTPATIENT VISI  CMAC 314
CMAC 389 NONFAC/PHYS        PROCEDURE            PROFESSIONAL    510 OUTPATIENT VISI  CMAC 389
CMAC 389 NONFAC/NONPHYS     PROCEDURE            PROFESSIONAL    510 OUTPATIENT VISI  CMAC 389
CMAC 389 C1 WYO             PROCEDURE                            510 UTPATIENT VISI   REGION 389
CMAC 389 C2 WYO             PROCEDURE                            510 OUTPATIENT VISI  REGION 389
CMAC 389 C3&4 WYO           PROCEDURE                            510 OUTPATIENT VISI  REGION 389
CMAC 389 C1 (PC) WYO        PROCEDURE                            510 OUTPATIENT VISI  REGION 389
CMAC 389 C1 (TC) WYO        PROCEDURE                            510 OUTPATIENT VISI  REGION 389
CMAC 389 C4 (PC) WYO        PROCEDURE                            510 OUTPATIENT VISI  REGION 389
CMAC 389 C4 (TC) WYO        PROCEDURE                            510 OUTPATIENT VISI  REGION 389
CMAC 314 C1 COLO            PROCEDURE                            510 OUTPATIENT VISI  REGION 314
CMAC 314 C1 (PC) COLO       PROCEDURE                            510 OUTPATIENT VISI  REGION 314
CMAC 314 C1 (TC) COLO       PROCEDURE                            510 OUTPATIENT VISI  REGION 314
CMAC 314 C2 COLO            PROCEDURE                            510 OUTPATIENT VISI  REGION 314
CMAC 314 C3&4 COLO          PROCEDURE                            510 OUTPATIENT VISI  REGION 314
CMAC 314 C4 (PC) COLO       PROCEDURE                            510 OUTPATIENT VISI  REGION 314
CMAC 314 C4 (TC) COLO       PROCEDURE                            510 OUTPATIENT VISI  REGION 314
       BILLING RATE: INTERAGENCY
IA-INPT                     INPATIENT BEDSECTIO N STAY           001  GENERAL MEDICAL
IA-OPT VST                  OUTPATIENT VISIT DATE                510
IA-OPT DENTAL               OUTPATIENT VISIT DATE                512
IA-OPT VST PM&RS            OUTPATIENT VISIT DA TE               500
IA-OPT VST POLYTRAUMA       OUTPATIENT VISIT DATE                500
IA-RX FILL                  PRESCRIPTION FILL                    250
       BILLING RATE: RC FACILITY HR
RC-INPT FAC HR 442          P ROCEDURE           INSTITUTIONAL   240  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-SNF FAC HR 442           PROCEDURE            INSTITUTIONAL   240  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-OPT FAC HR 442           PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-OPT FAC HR 442GD         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-OPT FAC HR 442GC         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-OPT FAC HR 442HK         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442HK - ANYTOWN, MOC, WY
RC-OPT FAC HR 442GB         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-OPT FAC HR 442MA         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-OPT FAC HR 442QA         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-OPT FAC HR 442QB         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
       BILLING RATE: RC FACILITY ML
RC-INPT FAC ML 442          PROCEDURE            INSTITUTIONAL   240  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-SNF FAC ML 442           PROCEDURE            INSTITUTIONAL   240  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-OPT FAC ML 442           PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442  - ANYTOWN, WY
RC-OPT FAC ML 442GD         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-OPT FAC ML 442GC         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-OPT FAC ML 442HK         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442HK - ANYTOWN MOC, WY
RC-OPT FAC ML 442GB         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-OPT FAC ML 442MA         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-OPT FAC ML 442QA         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-OPT FAC ML 442QB         PROCEDURE            INSTITUTIONAL   510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
```

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        BILLING RATE: RC FACILITY PER DIEM
RC-SNF INC 442                 INPATIENT BEDSECTION STAY   INSTITUTIONAL  101  SKILLED NURSING  RC 442 - ANYTOWN, WY
        BILLING RATE: RC FACILITY PR
RC-OPT FAC 442                 PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-OPT FAC 442GB               PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-OPT FAC 442GC               PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-OPT FAC 442GD               PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-OPT FAC 442X1               PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442X1 - ANYTOWN, NE
RC-INPT FAC PR 442             PROCEDURE                   INSTITUTIONAL  240  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-SNF FAC PR 442              PROCEDURE                   INSTITUTIONAL  240  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-OPT FAC PR 442              PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-OPT FAC PR 442GD            PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-OPT FAC PR 442GC            PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-OPT FAC PR 442HK            PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442HK - ANYTOWN MOC, WY
RC-OPT FAC PR 442GB            PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-OPT FAC PR 442MA            PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-OPT FAC PR 442QA            PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-OPT FAC PR 442QB            PROCEDURE                   INSTITUTIONAL  510  OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
        BILLING RATE: RC INPATIENT FACILITY
RC-INPT R&B 442                INPATIENT DRG               INSTITUTIONAL  101  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-INPT ANC 442                INPATIENT DRG               INSTITUTIONAL  240  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-INPT R&B ICU 442            INPATIENT DRG               INSTITUTIONAL  200    ICU            RC 442 - ANYTOWN, WY
RC-INPT ANC ICU 442            INPATIENT DRG               INSTITUTIONAL  240    ICU            RC 442 - ANYTOWN, WY
        BILLING RATE: RC MISCELLANEOUS
RC-OPT MISC 442                UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442 - ANYTOWN, WY
RC-OPT MISC 442GD              UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442GD - ANYTOWN, CO
RC-OPT MISC 442GC              UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442GC - ANYTOWN, CO
RC-OPT MISC 442HK              UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442HK - ANYTOWN MOC, WY
RC-OPT MISC 442GB              UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442GB - ANYTOWN, NE
RC-OPT MISC 442MA              UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442MA - ANYTOWN, WY (DE
RC-OPT MISC 442QA              UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442QA - RAWLINS VA CLINIC,
RC-OPT MISC 442QB              UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442QB - TORRINGTON VA MOBIL
        BILLING RATE: RC PHYSICIAN ML
RC-PHYSICIAN FS ML 442GD       PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN FS ML 442GB       PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN FS ML 442GC       PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN FS ML 442QB       PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
RC-PHYSICIAN FS ML 442QA       PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
        BILLING RATE: RC PHYSICIAN MN
RC-PHYSICIAN FS MN 442GD       PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN INPT MN 442       PROCEDURE                   PROFESSIONAL   960  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-PHYSICIAN SNF MN 442        PROCEDURE                   PROFESSIONAL   960  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-PHYSICIAN OPT MN 442        PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-PHYSICIAN FS MN 442GB       PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN FS MN 442GC       PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN OPT MN 442GD      PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN OPT MN 442GC      PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN OPT MN 442HK      PROCEDURE                   PROFESSIONAL   510  OUTPATIENT VISI  RC 442HK - CHEYENNE MOC, WY
```

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RC-PHYSICIAN OPT MN 442GB      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN OPT MN 442MA      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-PHYSICIAN FS MN 442QB       PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
RC-PHYSICIAN FS MN 442QA       PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-PHYSICIAN OPT MN 442QA      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-PHYSICIAN OPT MN 442QB      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
        BILLING RATE: RC PHYSICIAN PR
RC-PHYSICIAN 442               PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-PHYSICIAN 442GB             PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN 442GC             PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN 442GD             PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN 442X1             PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442X1 - ANYTOWN, NE
RC-PHYSICIAN FS PR 442GB       PROCEDURE              PROFESS IONAL 510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN FS PR 442GC       PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN FS PR 442GD       PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN INPT PR 442       PROCEDURE              PROFESSIONAL  960  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-PHYSICIAN SNF PR 442        PROCEDURE              PROFESSIONAL  960  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-PHYSICIAN OPT PR 442        PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-PHYSICIAN OPT PR 442GD      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN OPT PR 442GC      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN OPT PR 442HK      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442HK - ANYTOWN, WY
RC-PHYSICIAN OPT PR 442GB      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN OPT PR 442MA      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-PHYSICIAN FS PR 442QB       PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
RC-PHYSICIAN FS PR 442QA       PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-PHYSICIAN OPT PR 442QA      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-PHYSICIAN OPT PR 442QB      PROCEDURE              PROFESSIONAL  510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
        BILLING RATE: RC SKILLED NURSING/SUB-ACUTE
RC-SNF 442                     UNASSOCIATED           INSTITUTIONAL 100  SKILLED NURSING  RC 442 - ANYTOWN, WY
        BILLING RATE: TORTIOUSLY LIABLE
TL-INPT (INCLUSIVE)            INPATIENT BEDSECTION STAY              001
TL-INPT (NPF)                  INPATIENT BEDSECTION STAY              240
TL-INPT (PF)                   INPATIENT BEDSECTION STAY              960
TL-OPT VST                     OUTPATIENT VISIT DATE                  510
TL-OPT DENTAL                  OUTPATIENT VISIT DATE                  512
TL-OPT VST PM&RS               OUTPATIENT VISIT DATE                  500
TL-OPT VST POLYTRAUMA          OUTPATIENT VISIT DATE                  500
TL-X FILL                      PRESCRIPTION FILL                      250 PRESCRIPTIO
        BILLING RATE: TORTIOUSLY LIABLE MISC
TL-MT OPT COPAY                UNASSOCIATED                           510
        BILLING RATE: TP INPATIENT
TP-INPT                        INPATIENT DRG              TP 442 ANYTOWN, WY
        BILLING RATE: TP OUTPATIENTTP-OPT 666      PROCEDURE TP 666 ANYTOWN, WY
TP-OPT                         PROCEDURE                 TP 442 ANYTOWN, WY
      BILLING RATE: VA COST  RX COST              PRESCRIPTION FILL 250 RESCRIPTION
PI COST                        PROSTHETICS ITEM                       274 OUTPATIENT VISI
```

Billing Region List

```
BILLING REGION List                    OCT 25, 2018@17:28   PAGE 1
REGION                         DIVISION
--------------------------------------------------------------
CMAC 314                           FORT COLLINS
                                   GREELEY
                                   CHEYENNE MOC
CMAC 389                           CHEYENNE VAMROC
RC 442 - ANYTOWN, WY               CHEYENNE VAMROC
RC 442GB - ANYTOWN, NE               SIDNEY
RC 442GC - ANYTOWN, CO      FORT COLLINS
RC 442GD - ANYTOWN, CO             GREELEY
RC 442HK - ANYTOWN MOC, WY      CHEYENNE MOC
RC 442MA - ANYTOWN, WY (DE   IDES - F.E. WARREN AFB
RC 442QA - RAWLINS VA CLINIC,    RAWLINS
RC 442QB - TORRINGTON VA MOBIL
RC 442X1 - ANYTOWN, NE
REGION 314                         FORT COLLINS
                                   GREELEY
                                   CHEYENNE MOC

REGION 389                         CHEYENNE VAMROC
TP 442 ANYTOWN, WY
TP 666 ANYTOWN, WY
```

7.5.2.   Print Charge Master

This option provides reports for all elements of the Charge Master and maintenance of Third-Party rates. The full Charge Item report could be lengthy if many items have been added, such as CMAC (CHAMPUS Maximum Allowable Charges) charges.

Sample Output

```
RATE TYPE LIST                                    MAY 27,1997  08:48    PAGE 1
                                                                NSC
                                                 THIRD     STATEMENT
                                                 PARTY  ACCOUNTS RECEIVABLE   WHO'S        REIMB  ON UB
NAME                 BILL NAME            INACTIVE  ABBREVIATION BILL?  CATEGORY RESPONSIBLE  INS?   BILLS
-----------------------------------------------------------------------------------------------------------
-
CHAMPUS              CHAMPUS                       CHAMPUS     YES    CHAMPUS INSURER      YES    YES
CHAMPVA REIMB. INS.  REIMBURSABLE INS.            REIM INS    YES    CHAMPVA THIRD PARTY  INSURER      YES    YES
CRIME VICTIM         THIRD PARTY                   CRIME       YES    CRIME OF PER.VIO .   INSURER      NO     YES
DENTAL               DENTAL                        DENTAL      NO     EMERGENCY/HUMANITARI PATIENT      YES    YES
HUMANITARIAN         HUMANITARIAN                  HUMAN       NO     EMERGENCY/HUMANITARI PATIENT      NO     NO
INTERAGENCY          INTERAGENCY                   INTER       YES    INTERAGENCY OTHER (INST          YES
```

```
MEANS TEST/CAT. C      MEANS TEST/CAT. C    NO       MT/CAT C      NO     C (MEANS TEST)       PATIENT      NO      YES
MEDICARE ESRD          MEDICARE ESRD                 MEDICARE      YES    INTERAGENCY OTHER (INST  NO     YES
MILITARY               MILITARY             NO       MIL           YES    INTERAGENCY OTHER (INST         YES
NO FAULT INS.          NO FAULT INS.                 NO FAULT      YES    REIMBURS.HEALTH INS. INSURER    NO      YES
REIMBURSABLE INS.      REIMBURSABLE INS.             REIM INS      YES    REIMBURS.HEALTH INS. INSURER    YES     YES
SHARING AGREEMENT      SHARING AGREEMENT             SHARING       YES    SHARING AGREEMENTS    OTHER (INST        YES
```

7.5.3. Activate Revenue Codes

The Activate Revenue Codes option allows sites to activate revenue codes used for third-party billing.

The revenue codes are provided by the National Uniform Billing Committee. The full set of 999 codes is sent to each site. All codes have an INACTIVE status when received. The site chooses which codes to use for billing purposes by activating the codes through this option. Some of the codes are reserved for national assignment (no definition yet). These reserve codes cannot be activated. Only activated revenue codes may be selected during the billing process.

Adding or deleting codes from the REVENUE CODE file is NOT allowed.

7.5.4. Enter / Edit Billing Rates

The Enter/Edit Billing Rates option is used to edit billing rates for per diem rates; the Medicare deductible (this is the only place the Medicare deductible is entered); the HCFA ambulatory surgery rates, pharmacy copayment amounts, and CHAMPVA subsistence rates that are used in the automatic calculation of costs when preparing a third-party bill.

Although the option allows entry of new rates, it should only be used for editing and for the entry of duplicate rates. Duplicate rates are those where two different rates are used for the same revenue code / bed section / effective date dependent on payor. All other new billing rates should be entered through the Fast Enter New Billing Rates option.

If YES is answered at the "NON-STANDARD RATE" prompt, that billing rate will only be used with insurance companies where the selected revenue code has been listed in the DIFFERENT REVENUE CODES TO USE field of the INSURANCE COMPANY file.

The user may enter an additional amount as well as the basic amount to be charged for all rates. This is a fixed additional dollar amount that will be added to the basic charge after it has been computed. An example would be the additional charge of $200 added to HCFA Ambulatory Surgery rate groups for inter-ocular lens implants.

Accuracy in entering billing rates is critical. Incorrect entries will result in erroneous bills. After new rates are entered, it is suggested to print the Billing Rates List (Billing Rates List option on the Management Reports Menu) and verify that all entries are correctly recorded.

7.5.5. Flag Stop Codes / Dispositions / Clinics

Outpatient encounters recorded in the Scheduling package as either registrations or "stand-alone" stop codes will be billed automatically as those events are checked out. The Flag Stop Codes / Dispositions / Clinics option is used to flag / unflag those stop codes and dispositions that should not be billed. The option may also be used to flag clinics where Means Test billing is not appropriate.

If the user makes more than one selection, an opportunity to review the selections and deselect any, if necessary. All selections will be assigned the same effective date and billable status.

> **NOTE:** *Once a selection has been flagged as non-billable, it may later be flagged as billable if it is subsequently determined it would be appropriate to continue billing.*

7.5.6. Flag Stop Codes / Clinics for Third Party

Non-billable stop codes or clinics are those that should not be billed to a Third-Party payer. By default, if a stop code or clinic is non-billable, it will not be billed by the auto biller; and therefore, is non-auto billable.

Non-auto billable stop codes or clinics are those that may be billable to a Third-Party payer, but the auto biller should not be used for billing. These are visits that need more research than can be performed by the auto biller to determine if billable.

These parameters are flagged by date, may be inactivated, and reactivated.

7.5.7. Insurance Company Entry / Edit

The Insurance Company Entry/Edit option is used to enter new insurance companies into the INSURANCE COMPANY file and edit data on existing companies. An insurance company must be in the INSURANCE COMPANY file before it can be entered into a patient's record.

When entering new insurance companies, the user will be prompted for the company street address, city, and whether the company will reimburse for treatment.

The following sections are lists of the actions found on the screen in this option and a brief description of each. Once an action has been selected, <??> may be entered at most of the prompts that appear for lists of acceptable responses or instruction on how to respond.

7.5.7.1. Insurance Company Editor Screen

Once the insurance company is selected, this screen is displayed listing the following groups of information for that company: billing parameters, main mailing address, inpatient claims office data, outpatient claims office data, prescription claims office data, appeals office data, inquiry office data, remarks, and synonyms.

Table 27: Common Actions

Acronym	Description	Action
BP	Billing Parameters	Allows the user to add / edit the billing parameters for the selected insurance company.
MM	Main Mailing Address	Allows the user to add / edit the company's main mailing address. The address entered here will automatically be entered for the other office addresses.
IC	Inpt Claims Office	Allows the user to add / edit the company's inpatient claims office name, address, phone, and fax numbers.
OC	Opt Claims Office	Allows the user to add / edit the company's outpatient claims office name, address, phone, and fax numbers.
PC	Prescr Claims Of	Allows the user to add / edit the company's prescription claims office name, address, phone, and fax numbers.
AO	Appeals Office	Allows the user to add / edit the company's appeals office name, address, phone, and fax numbers.
IO	Inquiry Office	Allows the user to add / edit the company's inquiry office name, address, phone, and fax numbers.

Acronym	Description	Action
RE	Remarks	Allows the user to enter comments concerning the selected insurance company.
SY	Synonyms	Allows the user to add / edit any synonyms for the selected company.
EA	Edit All	Lists editable fields line by line for quick data entry.
IA	(In)Activate Company	Allows the user to activate / inactivate the selected insurance company. This may be used to inactivate duplicate companies in the system. When an insurance company is no longer valid, it is important to inactivate the company rather than delete it from the system. The IB INSURANCE SUPERVISOR security key is required. Once a company has been inactivated, it may not be selected when entering billing information. The user may also obtain a report of patients insured by a given company through this action.
CC	Change Insurance Co.	Allows the user to change to another company without returning to the beginning of the option.
DC	Delete Company	Allows the user to delete an entry from the INSURANCE COMPANY (#36) file. If claims have been submitted to the company, another company must be selected in which to point all claims and receivables information.
PL	Plans (accesses Insurance Plan List screen)	Allows the user to display and change plan attributes associated with the insurance company.

7.5.7.2.   Insurance Plan List Screen

This screen lists all plans (active and inactive, group and individual) for the selected insurance company.

Table 28: Common Actions

Acronym	Description	Action
VP	View/Edit Plan (accesses the View/Edit Plan screen)	Allows the user to display / change plan detailed information.
IP	Inactive Plan	Allows the user to inactivate an insurance plan or move subscribers from multiple insurance plans into one master plan.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy.

7.5.7.3.   Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management.

Table 29: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out of pocket and ambulance coverage.
IP	Inpatient	Allows entry / edit of inpatient benefits data.
OP	Outpatient	Allows entry / edit of outpatient benefits data.
MH	Mental Health	Allows entry / edit of mental health inpatient and outpatient benefits data.
HH	Home Health	Allows entry / edit of home health care benefits data.
HS	Hospice	Allows entry / edit of hospice benefits data.
RH	Rehab	Allows entry / edit of rehabilitation benefits data.
IV	IV Mgmt.	Allows entry / edit of intravenous management benefits data.
EA	Edit All	Lists editable fields line by line for quick data entry.
CY	Change Year	Allows the user to change to another benefit year.

7.5.7.4.   View / Edit Plan Screen

This screen displays plan information for viewing / editing including utilization review info, plan coverage limitations, annual benefit dates, user information, and plan comments.

Table 30: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out of pocket and ambulance coverage.
UI	UR Info	Allows entry / edit of utilization review information.
CV	Add/Edit Coverage	Allows the user to add, edit, or delete (unwanted) coverage limitations for a specific plan.
PC	Plan Comments	Allows editing of comments for the plan.
IP	Inpatient	Allows entry / edit of inpatient benefits data.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy.

Acronym	Description	Action
CP	Change Plan	Allows the user to select another plan for this insurance company without having to exit back to the previous screen.

Sample Screen

```
Insurance Company Editor      Nov 26, 2014@12:19:25      Page:   1 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
----------------------------------------------------------------------------
                          Billing Parameters
  Signature Required?: YES                 Type Of Coverage: HEALTH INSURAN
         Reimburse?: WILL NOT REIMBURSE          Billing Phone:
   Mult. Bedsections: YES                  Verification Phone:
      One Opt. Visit: NO                   Precert Comp. Name:
     Diff. Rev. Codes:                          Precert Phone:
  Amb. Sur. Rev. Code:
  Rx Refill Rev. Code:
    Filing Time Frame:  (1 YEAR(S))


                          EDI Parameters
             Transmit?: YES-LIVE              Insurance Type: GROUP POLICY
+---------Enter ?? for more actions-------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address  AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer               DC  Delete Company
PC  Prescr Claims Of      RE  Remarks             VP  View Plans
AO  Appeals Office        SY  Synonyms            EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:24:58      Page:   2 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
+---------------------------------------------------------------------------
  Inst Payer Primary ID:                  Prof Payer Primary ID:
 Inst Payer Sec ID Qual:                 Prof Payer Sec ID Qual:
     Inst Payer Sec ID:                      Prof Payer Sec ID:
 Inst Payer Sec ID Qual:                 Prof Payer Sec ID Qual:
     Inst Payer Sec ID:                      Prof Payer Sec ID:
           Bin Number:            Prnt Sec/Tert Auto Claims:
           HPID/OEID:             Prnt Med Sec Claims w/o MRA: YES

                      Main Mailing Address
       Street:                           City/State:
     Street 2:                               Phone:
     Street 3:                                 Fax:
+---------Enter ?? for more actions-------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address  AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer               DC  Delete Company
PC  Prescr Claims Of      RE  Remarks             VP  View Plans
AO  Appeals Office        SY  Synonyms            EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:26:11      Page:   3 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
+---------------------------------------------------------------------------
```

```
                    Inpatient Claims Office Information
  Company Name: INSURANCE COMPANY                   Street 3:
        Street:                                    City/State:
     Street 2:                                         Phone:
                                                         Fax:


                    Outpatient Claims Office Information
  Company Name: INSURANCE COMPANY                   Street 3:
        Street:                                    City/State:
+---------Enter ?? for more actions---------------------------------------->>>
BP  Billing/EDI Param     IO  Inquiry Office       EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                DC  Delete Company
PC  Prescr Claims Of      RE  Remarks              VP  View Plans
AO  Appeals Office        SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:26:53      Page:   4 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                   Currently Active
+---------------------------------------------------------------------------
     Street 2:                                         Phone:
                                                         Fax:


                   Prescription Claims Office Information
  Company Name: INSURANCE COMPANY                   Street 3:
        Street:                                    City/State:
     Street 2:                                         Phone:
                                                         Fax:


                        Appeals Office Information
+---------Enter ?? for more actions---------------------------------------->>>
BP  Billing/EDI Param     IO  Inquiry Office       EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                DC  Delete Company
PC  Prescr Claims Of      RE  Remarks              VP  View Plans
AO  Appeals Office        SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:27:16      Page:   5 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                   Currently Active
+---------------------------------------------------------------------------
  Company Name: INSURANCE COMPANY                   Street 3:
        Street:                                    City/State:
     Street 2:                                         Phone:
                                                         Fax:


                        Inquiry Office Information
  Company Name: INSURANCE COMPANY                   Street 3:
        Street:                                    City/State:
     Street 2:                                         Phone:
                                                         Fax:


+---------Enter ?? for more actions---------------------------------------->>>
BP  Billing/EDI Param     IO  Inquiry Office       EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                DC  Delete Company
PC  Prescr Claims Of      RE  Remarks              VP  View Plans
AO  Appeals Office        SY  Synonyms             EX  Exit
Select Action: Next Screen//
```

```
Insurance Company Editor      Nov 26, 2014@12:27:39       Page:   6 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                  Currently Active
+--------------------------------------------------------------------------

                    Associated Insurance Companies
   This insurance company is not defined as either a Parent or a Child.


                          Provider IDs
Billing Provider Secondary ID

Additional Billing Provider Secondary IDs

VA-Laboratory or Facility Secondary IDs

+---------Enter ?? for more actions----------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office   ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office    PA  Payer                DC  Delete Company
PC  Prescr Claims Of     RE  Remarks              VP  View Plans
AO  Appeals Office       SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:27:51       Page:   7 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                  Currently Active
+--------------------------------------------------------------------------

                          ID Parameters
Attending/Rendering Provider Secondary ID Qualifier (1500):
Attending/Rendering Provider Secondary ID Qualifier (UB-04):
Attending/Rendering Secondary ID Requirement: NONE REQUIRED
Referring Provider Secondary ID Qualifier (1500): UPIN
Referring Provider Secondary ID Requirement: NONE
Use Att/Rend ID as Billing Provider Sec. ID (1500): NO
Use Att/Rend ID as Billing Provider Sec. ID (UB-04): NO
Always use main VAMC as Billing Provider (1500)?: NO
Always use main VAMC as Billing Provider (UB-04)?: NO
Transmit no Billing Provider Sec. ID for the Electronic Plan Types:
+--------Enter ?? for more actions------------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office   ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office    PA  Payer                DC  Delete Company
PC  Prescr Claims Of     RE  Remarks              VP  View Plans
AO  Appeals Office       SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:28:12       Page:   8 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                  Currently Active
+--------------------------------------------------------------------------

                    Payer Information:  e-IV
       Payer Name: Payer A
    VA National ID: VA1                         CMS National ID:

 Payer Application: eIV                         FSC Auto-Update: YES
Nationally Enabled: YES                            Deactivated: NO
   Locally Enabled: YES

  Remarks
```

```
+---------Enter ?? for more actions------------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office       EA  Edit All
MM  Main Mailing Address AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office   ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office    PA  Payer                DC  Delete Company
PC  Prescr Claims Of     RE  Remarks              VP  View Plans
AO  Appeals Office       SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor     Nov 26, 2014@12:28:30     Page:   9 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
+------------------------------------------------------------------------
  6/05 Will not pay for Omeprazole/Prilosec..jc
  1/1/04 All XXXXX are combined to this one this year and an all inclusive
  # is xxx-xxx-xxxx..ID# are changing over to W + 9 digits now too..jc
  This insurance carrier entry and phone number is inclusive for the
  'Bxxxxx Company'. mdm

  Synonyms
   XXX
---------Enter ?? for more actions------------------------------------------->>>
BP  Billing/EDI Param    IO  Inquiry Office       EA  Edit All
MM  Main Mailing Address AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office   ID  Prov IDs/ID Param    CC  Change Insurance Co.
OC  Opt Claims Office    PA  Payer                DC  Delete Company
PC  Prescr Claims Of     RE  Remarks              VP  View Plans
AO  Appeals Office       SY  Synonyms             EX  Exit
Select Action: Quit//
```

7.5.8. List Flagged Stop Codes / Dispositions / Clinics

The List Flagged Stop Codes / Dispositions / Clinics option is used to generate a list of all stop codes, dispositions, and clinics That have been flagged as not being billable for Means Test billing.

The user is prompted for the effective date of the list and a device. The output contains a separate page for non-billable dispositions, stop codes, and clinics.

Sample Output

```
                    LIST OF NON-BILLABLE DISPOSITIONS
                           As Of: 12/16/93
                                                    Page: 1
                                                    Run Date: 12/16/93
================================================================================
DEAD ON ARRIVAL
================================================================================
                   LIST OF NON-BILLABLE CLINIC STOP CODES
                           As Of: 12/16/93
                                                    Page: 2
                                                    Run Date: 12/16/93
================================================================================
EMPLOYEE HEALTH
================================================================================
                       LIST OF NON-BILLABLE CLINICS
                           As Of: 12/16/93
                                                    Page: 3
                                                    Run Date: 12/16/93
================================================================================
ALLERGY RESEARCH
```

7.5.8.1. List Flagged Stop Codes / Clinics for Third Party

This output is used to generate a list of all stop codes and clinics that are flagged through the Flag Stop Codes / Clinics for Third Party option as *non-billable* or *non-auto billable*. These flags can be deactivated and reactivated through the above-mentioned option.

Non-billable stop codes or clinics are those that should not be billed to a Third-Party payer. By default, if a stop code or clinic is non-billable, it will not be billed by the auto biller; and therefore, is non-auto billable.

Non-auto billable stop codes or clinics are those that may be billable to a Third-Party payer, but the auto biller should not be used for billing. These are visits that may need more research than can be performed by the auto biller to determine if billable.

Sample Output

```
                LIST OF CLINIC STOP CODES FLAGGED FOR THIRD PARTY BILLING
                              As Of: 10/01/96
                                                        Page: 1
                                                        Run Date: 10/01/96
==============================================================================
                                  NON-BILLABLE
AMPUTATION CLINIC                         CARDIAC SURGERY
CARDIOVASCULAR NUCLEAR MED                CWT SUBSTANCE ABUSE
CWT/TR-HCMI                               CWT/TR-SUBSTANCE ABUSE
EMPLOYEE HEALTH                           ENT
RMS COMPENSATED WORK THERAPY              RMS COMPENSATED WORK THERAPY
RMS INCENTIVE THERAPY                     RMS INCENTIVE THERAPY
RMS VOCATIONAL ASSISTANCE                 RMS VOCATIONAL ASSISTANCE
TELEPHONE TRIAGE                          TELEPHONE/ALCOHOL DEPENDENCE
TELEPHONE/ANCILLARY                       TELEPHONE/DENTAL
TELEPHONE/DIAGNOSTIC                      TELEPHONE/DIALYSIS
TELEPHONE/DRUG DEPENDENCE                 TELEPHONE/GENERAL PSYCHIATRY
TELEPHONE/MEDICINE                        TELEPHONE/PROSTHETICS/ORTHOTIC
Enter RETURN to continue or '^' to exit: <RET>
==============================================================================
                LIST OF CLINIC STOP CODES FLAGGED FOR THIRD PARTY BILLING
                              As Of: 10/01/96
                                                        Page: 2
                                                        Run Date: 10/01/96
==============================================================================
TELEPHONE/PTSD                            TELEPHONE/REHAB AND SUPPORT
TELEPHONE/SPECIAL PSYCHIATRY              TELEPHONE/SUBSTANCE ABUSE
TELEPHONE/SURGERY
                                NOT AUTO BILLED
GENERAL MEDICINE
==============================================================================
                   LIST OF CLINICS FLAGGED FOR THIRD PARTY BILLING
                              As Of: 10/01/96
                                                        Page: 3
                                                        Run Date: 10/01/96
==============================================================================
                                  NON-BILLABLE
No clinics are flagged as NON-BILLABLE
                                NOT AUTO BILLED
GENERAL MEDICAL
```

7.5.9. Billing Rates List

The Billing Rates List option will print a list of billing rates for a selected date range. It is an efficient way to verify that all billing rate entries have been entered correctly.

The output generated by this option displays the CHAMPVA, Health Care Finance Administration (HCFA) ambulatory surgery rates, Medicare deductible, and copayments. The effective date, amount (basic rate), and additional amount will be shown for each rate, if applicable. Certain ambulatory surgeries may be billed at the HCFA rate. The amount shown (if any) in the "Additional Amount" column is an extra amount that may be charged for all procedures within that rate group. The amount shown under "Inpatient Per Diem" and "NHCU Per Diem" is the daily charge for Category C patients.

Any billing rate that is effective for any date within the selected range is displayed. If more than one rate was effective within the date range, both rates are displayed.

Sample Output

```
JUN 11,1997        ***Billing Rates Listing***                    PAGE 1
                        Rates in effect from: JAN 01, 1997
                                          to: JUN 11, 1997
=========================================================================
CHAMPVA LIMIT
  Effective Date       Amount     Additional Amount
  OCT 01, 1991         $25
CHAMPVA SUBSISTENCE
  Effective Date       Amount     Additional Amount
  OCT 01, 1994         $9.50
HCFA AMB. SURG. RATE 1
  Effective Date       Amount     Additional Amount
  JAN 01, 1992         $285
HCFA AMB. SURG. RATE 2
  Effective Date       Amount     Additional Amount
  JAN 01, 1992         $382
JUN 11,1997        ***Billing Rates Listing***                    PAGE 2
                        Rates in effect from: JAN 01, 1997
                                          to: JUN 11, 1997
=========================================================================
HCFA AMB. SURG. RATE 3
  Effective Date       Amount     Additional Amount
  JAN 01, 1992         $438
HCFA AMB. SURG. RATE 4
  Effective Date       Amount     Additional Amount
  JAN 01, 1992         $539
HCFA AMB. SURG. RATE 5
  Effective Date       Amount     Additional Amount
  JAN 01, 1992         $615
HCFA AMB. SURG. RATE 6
  Effective Date       Amount     Additional Amount
  JAN 01, 1992         $580       $200
JUN 11,1997        ***Billing Rates Listing***                    PAGE 3
                        Rates in effect from: JAN 01, 1997
                                          to: JUN 11, 1997
=========================================================================
HCFA AMB. SURG. RATE 7
  Effective Date       Amount     Additional Amount
  JAN 01, 1992         $853
HCFA AMB. SURG. RATE 8
  Effective Date       Amount     Additional Amount
  JAN 01, 1992         $705       $200
```

```
HCFA AMB. SURG. RATE 9
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $0
INPATIENT PER DIEM
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $10
JUN 11,1997      ***Billing Rates Listing***                  PAGE 4
                      Rates in effect from: JAN 01, 1997
                                        to: JUN 11, 1997
=============================================================================
MEDICARE DEDUCTIBLE
  Effective Date      Amount    Additional Amount
  JAN 01, 1996        $736
NHCU PER DIEM
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $5
NSC PHARMACY COPAY
  Effective Date      Amount    Additional Amount
  OCT 01, 1992        $2
  JUN 09, 1997        $5.00     $2.00
SC PHARMACY COPAY
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $2
```

7.5.10. MCCR Site Parameter Enter / Edit

The MCCR Site Parameter Enter/Edit option allows the user to define and edit the MCCR site specific billing parameters. The parameters are displayed upon entering the option and are divided into groups for editing. Each group is labeled with a number to the left of the data items. Some values may be filled in by the system.

- **Group 1:** The medical center name is automatically filled in and is not editable. The federal tax number is the tax ID# assigned to the medical center and is a required field. There may be more than one Blue Cross / Blue Shield provider number assigned to a site for different categories of care. The main Blue Cross / Blue Shield provider number should be entered here. This is a required field. The Medicare provider number is furnished to the facility by Medicare. The MAS Service Pointer is Medical Administration Service the way it is entered in the HOSPITAL SERVICE file. The default division will appear as the default to the division question when entering Billable Ambulatory Surgical Codes on a bill.

- **Group 2:** The name and title of bill signer will appear on the third-party billing form. The billing supervisor name does not appear on the form. This is used in conjunction with the Bill Cancellation and Bill Disapproval Mail Groups. If these groups are not specified, the billing supervisor will be one of the few recipients of both messages.

- **Group 3:** The Multiple Form Types parameter should be set to YES if the facility uses more than one health insurance billing form. UB forms and HCFA-1500 are the forms currently available. If this field is left blank or answered NO, only UB forms will be allowed. Beginning with version 1.5 of Integrated Billing, the review step of creating a bill has been eliminated. If the CAN INITIATOR AUTHORIZE parameter is set to YES and the initiator holds the IB AUTHORIZE security key, the initiator of the bill will be allowed to authorize the bill. If this parameter is set to NO, another user who holds the IB AUTHORIZE key will have to authorize the bill.

The CAN CLERK ENTER NON-PTF CODES parameter affects editing of diagnosis and procedure codes on inpatient bills. If this parameter is set to YES, diagnosis and procedure codes not found in the PTF record may be entered into the billing record. The ASK HINQ IN MCCR parameter, if set to YES, will allow the billing clerk to enter a request in the HINQ Suspense file while entering a bill for a patient whose eligibility has not been verified. If set to YES, the USE OP CPT SCREEN parameter will allow the Current Procedural Terminology Codes Screen for outpatient bills to be displayed on Billing Screen 5. The date range of this listing will be determined by the OP VISIT DATE(S) on file in the bill. If there are none, the STATEMENT COVERS FROM and TO dates will be used to determine which CPT codes can be selected for inclusion in the bill.

When billing Billable Ambulatory Surgical Codes (BASC), the entry at the DEFAULT AMB SURG REV CODE parameter will be the default revenue code stored in the bill. If this is not appropriate for any insurance company, the AMBULATORY SURG. REV. CODE field in the Insurance Company file may be entered and used for that insurance company entry.

CPT procedures may be stored as ambulatory procedures in the SCHEDULING VISITS file (using the Add/Edit Stop Code option) and stored in the billing record as procedures to print on a bill. There is now a two-way sharing of information between these two files. If the TRANSFER PROCEDURES TO SCHED parameter is answered YES, as CPT procedures that are also ambulatory procedures are entered into a bill, the user will be prompted to indicate whether it should also be transferred to the SCHEDULING VISITS file. Conversely, the USE OP CPT SCREEN parameter allows importing of ambulatory procedures into a bill. Only CPT procedures that are either Billable Ambulatory Surgical Codes or nationally or locally active ambulatory procedures may be transferred.

The per diem start date is the date that the facility informed Category C patients of the new per diem charges and began per diem billing. This field represents the earliest date the hospital or nursing home per diem charge may be billed to a Category C patient. This billing is mandated by Public Law 101-508, which was implemented on November 5, 1990.

NOTE: *Per diem billing will not occur if this field is blank.*

A default revenue code, diagnosis code, and CPT procedure code can be set to be used on every bill that has prescription refills. The revenue code default will be overridden by the PRESCRIPTION REFILL REV. CODE for an insurance company if one exists. Only activated revenue codes can be entered.

Set the SUPPRESS MT INS BULLETIN parameter to YES to suppress the bulletin sent when any Means Test charge covered by the patient's health insurance is billed.

- **Group 4:** This number is the revenue code for total charges. If the HOLD MT BILLS W/INS parameter is answered YES, automated Category C bills will automatically be placed on hold if the patient has active insurance. The bills may be released to Accounts Receivable after claim disposition from the insurance company. The next parameter allows the user to enter remarks to appear on every printed UB billing form type. The

UB-92 Address Col and HCFA 1500 Addr Col parameters determine where the mailing address will begin printing on the billing form. The cancellation remark is the message that will be sent to Fiscal Service every time a bill is cancelled in MAS.

The next two parameters in this group allow mail groups to be set up so that whenever a bill is cancelled or disapproved, members of these groups are notified via electronic mail. If these groups are not specified, only the billing supervisor, user who cancelled / disapproved, and the initiator of the bill (for disapproval message only) will be notified. The Copay Background Error group is the mail group that will receive mail messages from the IBE filer when an unsuccessful attempt to file is detected. The Category C Billing mail group members will receive messages when Means Test t/ Category C billing processing errors have been encountered, and when movements and Means Tests for Category C patients have been edited or deleted. The mail groups must have been established through MailMan to be entered at these prompts.

- **Group 5:** The agent cashier's mailing symbol, complete address, and telephone number are specified here. The street address will not appear on the screen. All billing payments made to the site should be received at the agent cashier's office.

The default form type is the form most used at the facility (UB-82 or UB-92). All new bills and all follow-up bills will be printed on this form unless the primary insurer has the other UB form defined as the form type. The DEFAULT FORM TYPE parameter helps to control the transition between the UB-82 and the UB-92.

The MCCR System Definition Menu and this option is locked with the IB SUPERVISOR security key.

If necessary, please refer to the Data Supplement at the end of this option documentation for an explanation of the required response for each parameter.

Sample Screen

```
          MEDICAL CARE COST RECOVERY PARAMETER ENTER/EDIT
=======================================================================
[1] Medical Center Name: SAN DIEGO        Federal Tax #     : XX-XXXXXXX
    Default BC/BS #    : 10297XXX84123   Medicare Number   : XXXXXXXXX
    MAS Service Pointer: MEDICAL ADMIN. Default Division   : SAN DIEGO
[2] Bill Signer Name   : HARVEY            Title: CHIEF, MAS
    Billing Supervisor : PATRICIA
[3] Multiple Form Types: YES              Initiator Authorize: YES
    Use Non-PTF Codes? : UNSPECIFIED       Ask Hinq in MCCR?: UNSPECIFIED
    Use OP CPT Screen? : UNSPECIFIED      Default ASC Rev. Cd: 490
    Xfer Proc to Sched?: YES              Per Diem Start Date: NOV  5, 1990
    Default RX Rev. Cd : 257        Suppress MT Ins Bulletin: UNSPECIFIED
    Default RX Dx Cd   : V68.1            Default RX CPT Cd: 99070
[4] '001' for Total?   : YES              Hold MT Bills W/Ins: YES
    Remark on each bill: TEST BILL        UB-92 Address Col: UNSPECIFIED
    Cancellation Remark: TESTING          HCFA 1500 Addr Col: 25
    Cancelled Mailgroup: PTF              Disap. Mailgroup: PTF
    Copay Mailgroup    : IB ERROR         Cat C Mailgroup: IB CAT C
[5] Agent Cashier      : ISC-04
    Phone              : XXX-XXX-XXXX   Default Form Type  : UB-92
Enter 1-5 to EDIT, or '^' to QUIT:
```

DATA SUPPLEMENT

Table 31: Data Descriptions

Data	Description
AGENT CASHIER MAIL SYMBOL	Mailing symbol of agent cashier at the facility.
AGENT CASHIER STREET ADDRESS	Mailing address of agent cashier at the facility.
AGENT CASHIER CITY	
AGENT CASHIER STATE	
AGENT CASHIER ZIP CODE	
AGENT CASHIER PHONE NUMBER	Telephone number of agent cashier at the facility.
ASK HINQ IN MCCR	YES or NO: Allow billing clerk to enter a request in the HINQ Suspense file while entering a bill for a patient whose eligibility is not verified.
BILL CANCELLATION MAIL GROUP	Specify the mail group to notify whenever a third-party bill is cancelled.
BILL DISAPPROVED MAIL GROUP	Specify the mail group to notify whenever a third-party bill is disapproved.
BILLING SUPERVISOR NAME	Name of billing supervisor at the facility.
BLUE CROSS/SHIELD PROVIDER #	Main provider number (3 - 13 characters).
CAN CLERK ENTER NON-PTF CODES	YES or NO - Can diagnosis and procedure codes not found in the PTF record be entered into the billing record.
CAN INITIATOR AUTHORIZE	YES or NO - Beginning with Version 1.5 of Integrated Billing, the review step of creating a bill has been eliminated. If this parameter is answered YES and the initiator holds the IB AUTHORIZE key, the initiator of the bill will be allowed to authorize the bill. If this field is answered NO, another user who holds the IB AUTHORIZE key must authorize the bill.
CANCELLATION REMARK FOR FISCAL	Remark (reason for cancellation, 3-75 characters) that will be sent to Fiscal Svc. every time a bill is cancelled in MAS.
CATEGORY C BILLING MAIL GROUP	Members of this mail group will receive messages when Means Test / Category C billing processing errors have been encountered, and when movements and Means Tests for Category C patients have been edited or deleted.

Data	Description
COPAY BACKGROUND ERROR GROUP	This is the mail group that will receive mail messages from the IBE filer when an unsuccessful attempt to file is detected.
DEFAULT AMB SURG REV CODE	When billing BASCs (Billable Ambulatory Surgical Codes), this will be the default revenue code stored in the bill. If this is not appropriate for any insurance company, the AMBULATORY SURG. REV. CODE field in the INSURANCE COMPANY file may be used for that insurance company entry.
DEFAULT DIVISION	This field will appear as the default answer to the division question when entering Billable Ambulatory Surgeries on a bill.
DEFAULT FORM TYPE	Enter the form type most used at the facility. Choose from UB-82 or UB-92.
DEFAULT RX REFILL CPT	Enter a CPT procedure code that should be printed on every bill that contains RX refills. If entered, this procedure will automatically be added to every bill that has a prescription refill.
DEFAULT RX REFILL DX	Enter a diagnosis code that should be added to every RX refill bill. If entered, this diagnosis will automatically be added to every bill that has a prescription refill.
DEFAULT RX REFILL REV CODE	Enter the revenue code that should be used for RX refills. This default will be over-ridden by the PRESCRIPTION REFILL REV. CODE for an insurance company if one exists. Only activated revenue codes can be selected.
FEDERAL TAX NUMBER	Enter the federal tax number for the facility in NN-NNNNNNN format.
HCFA 1500 ADDRESS COLUMN	This is the column the mailing address should begin printing on row 1 of the HCFA-1500 form.
HOLD MT BILLS W/INS	If this parameter is answered YES, the automated Category C bills will automatically be placed on hold for patients with active insurance. The bills may be released to Accounts Receivable after claim disposition from the insurance company.
MAS SERVICE POINTER	Medical Administration Service as it is entered in the HOSPITAL SERVICE file.
MEDICARE PROVIDER NUMBER	Provided by Medicare to the facility (1-8 characters). This number will print in Form Locator 7 on the UB-82 form.
MULTIPLE FORM TYPES	YES or NO - Set this field to YES if the facility uses more than one type of health insurance form. The UB forms and the HCFA-1500 are the form types currently available. If this parameter is set to NO or left blank, only UB forms will be allowed.
NAME OF CLAIM FORM SIGNER	Name of person responsible for signing.

Data	Description
PER DIEM START DATE	This is the date that the facility informed Category C patients of the new per diem charges and began per diem billing. Per diem billing will not occur if this field is left blank.
PRINT '001' FOR TOTAL CHARGES	YES or NO - Print '001' (revenue code for total charges) next to total charges on third party bill.
REMARKS TO APPEAR ON EACH FORM	Facility specific remarks to print on every UB type bill.
SUPPRESS MT INS BULLETIN	YES or NO - Set this parameter to YES to suppress the bulletin sent when any Means Test charge covered by the patient's health insurance is billed.
TITLE OF CLAIM FORM SIGNER	Title of person responsible for signing
TRANSFER PROCEDURES TO SCHED	YES or NO - If this parameter is answered
UB-92 ADDRESS COLUMN	This is the column the mailing address should begin printing on the UB-92.
USE OP CPT SCREEN	YES or NO - Allow Current Procedural Terminology Codes Screen to appear when editing procedure codes on Screen 5. The screen will list CPT codes for the dates associated with the bill.

7.5.11. Purge Insurance Buffer

When a Buffer entry is processed, most of the data is immediately deleted from that entry leaving only a stub entry for tracking and reporting purposes. This option deletes Insurance Buffer entries that were processed (accepted or rejected) before the selected date. A minimum of 1 year of buffer processed records is maintained on line; therefore, the latest selectable date is one year prior to the current date.

Sample Screen

```
                        INSURANCE BUFFER PURGE
   This option will purge Buffer file records Processed before a given date.
   When a Buffer record is Processed a stub entry remains in the Buffer file
   for tracking and reporting purposes. This option deletes all stub entries
   of Buffer records processed at least a year ago. Once a record is purged,
   it can not be retrieved and will no longer be included in Buffer reports.
   To maintain a record of the Buffer activity, consider printing the Buffer
   reports for the date range you are going to be purging.
Purge Buffer Records Processed Before: Nov 05, 1997// 6/1/97  (JUN 01, 1997)
Ok to Purge Buffer records Processed before Jun 01, 1997? y  YES
Purge of Insurance Buffer queued for this evening at 8:00pm.
```

7.5.12. MCCR Site Parameter Display / Edit

Table 32: Parameter Group and Key

Parameter Group	Security Key Required
IB Site Parameters	IB PARAMETER EDIT
Claims Tracking Parameters	IB PARAMETER EDIT; IB PARAMETER EDIT
Third Party Auto Billing Parameters	IB PARAMETER EDIT
Insurance Verification	IB SUPERVISOR
MCCR SITE PARAMETERS	IB PARAMETER EDIT

This option consolidates parameters from the Enter / Edit IB Site Parameters, MCCR Site Parameter Enter / Edit, Claims Tracking Parameter Edit, and Enter / Edit Automated Billing Parameters options. The initial screen lists three parameter groups.

The following table lists the screens, the actions provided, and a brief description of each action. Actions shown in *italics* access other screens.

7.5.12.1. MCCR Site Parameters Screen

Table 33: Parameter Descriptions

Parameter	Description
IB Site Parameters	Accesses the IB Site Parameter screen that displays general Integrated Billing site parameters.
Claims Tracking Parameters	Accesses the Claims Tracking Parameters screen that displays parameters specific to the set-up and control of Claims Tracking functions.
Third Party Auto Billing Parameters	Accesses the Automated Billing Parameters screen that displays the control parameters for the Third-Party Automated Biller.
Insurance Verification	Accesses the IV site parameters screen. More details regarding the IV site parameters is provided in the eIV User Guide, Section 2.

7.5.12.2. IB Site Parameters Screen

Descriptions for most of the parameters included on this screen can be found in the Enter / Edit IB Site Parameters and MCCR Site Parameter Enter/Edit option documentation. The following table is a description of the six parameters (group 12) used to configure the Tricare Pharmacy billing interfaces that are user set. The other seven parameters in this group that appear on the right-hand side of the screen are set by the system.

Table 34: IB Site Parameters

Parameter	Description
Rx Billing Port	This is the logical port that is opened to establish a Transmission Control Protocol / Internet Protocol (TCP / IP) connection with the RNA package to submit Pharmacy claims. This is normally a number between 2000 and 10000. The number that is selected is programmed into the RNA package, as this is the port that the RNA package constantly polls for input from VistA. The Billing port must be entered to start the billing engine.
AWP Update Port	This is the logical port that is opened to establish a TCP/IP connection with the RNA package to receive AWP updates. This is normally a number between 2000 and 10000. This number is also programmed into the RNA package, as it is the port through which the RNA package transmits the AWP updates. This port number must be different from the Billing port number, or the background job to receive AWP updates will not be queued to run.
TCP/IP Address	This is the TCP / IP address used to reach the RNA package. This address is usually determined by the facility systems manager and supplied to RNA on the Plan Installation Worksheet. This address must be entered to start the billing engine.
Task UCI,VOL	This is UCI and Volume set on which the queued background jobs should run. If this field has no value (i.e., for Alpha sites), the jobs will be queued to run on the current UCI and Volume.
AWP Charge Set	This is the Charge Set within the Charge Master that was used to load the AWP. The interface must know which Charge Set should be used to extract a unit price for a specific NDC number (drug). A valid Charge Set must be entered to start the billing engine.
Prescriber ID	This is the DEA number assigned to the facility, which should determine prior to the installation of the RNA package. This number must be submitted with the Pharmacy Billing transaction. The number must be entered to start the billing engine.
Edit Set	This action allows the user to view/edit the fields included in the 12 sets displayed.

7.5.12.3. Claims Tracking Parameters Screen

Descriptions of the parameters included on this screen can be found in the Claims Tracking Parameter Edit option documentation.

Table 35: Claims Tracking Parameters

Parameter	Description
Tracking	Allows the user to edit the data displayed under the Tracking Parameters heading. These parameters control which episodes of care are added to Claims Tracking.

Parameter	Description
Random Sample	Allows the user to edit the data displayed under the Random Sample Parameters heading. These parameters control the selection of random samples.
General	Allows the user to edit the data displayed under the General Parameters heading.
Edit All	Allows the user to edit all data displayed on the Claims Tracking Parameters screen.

7.5.12.4. Automated Billing Parameters Screen

Descriptions of the parameters included on this screen can be found in the Enter / Edit Automated Billing Parameters option documentation.

Table 36: Automated Billing Parameters

Parameter	Description
General	Allows the user to edit the data displayed under the General Parameters heading.
Inpatient	Allows the user to edit the data displayed under the Inpatient Admission heading. These parameters control when inpatient episodes of care are processed by the Third-Party automated biller.
Outpatient	Allows the user to edit the data displayed under Outpatient Visit the heading. These parameters control when outpatient visits are processed by the Third-Party automated biller.
Prescription	Allows the user to edit the data displayed under the Prescription Refill heading. These parameters control when prescription refills are processed by the Third-Party automated biller.

Sample Screens

```
MCCR Site Parameters       May 13, 1996 10:45:52        Page:   1 of    1
Display/Edit MCCR Site Parameters.
Only authorized persons may edit this data.

IB Site Parameters                        Claims Tracking Parameters
    Facility Definition                       General Parameters
    Mail Groups                               Tracking Parameters
    Patient Billing                           Random Sampling
    Third Party Billing                       HCSR Parameters
    Provider Id
    EDI Transmission

 Third Party Auto Billing Parameters      Insurance Verification
    General Parameters                        General Parameters
    Inpatient Admission                       eIV Parameters
    Outpatient Visit                          eIV Batch Extracts
    Prescription Refill                       IIU Parameters
Enter ?? for more actions
IB  Site Parameter        CT  Claims Tracking       EX  Exit Action
CT  Claims Tracking       IV  Ins. Verification
```

```
Select Action: Quit//
 IB Site Parameters         Mar 10, 1998 11:49:27        Page:   1 of    3
Only authorized persons may edit this data.


[1] Copay Background Error Mg: IB ERROR
    Copay Exemption Mailgroup: IB ERROR
    Use Alerts for Exemption : NO

[2] Hold MT Bills w/Ins      : YES          # of Days Charges Held: 90
    Suppress MT Ins Bulletin : NO
    Cat C Mailgroup          : IB CAT C
    Per Diem Start Date      : 01/01/91

[3] Disapproval Mailgroup
    Cancellation Mailgroup   :
    Cancellation Remark       : CANCELLED BY MAS

[4] New Insurance Mailgroup  : IB NEW INSURANCE
    Unbilled Mailgroup       : IB UNBILLED AMOUNTS
    Auto Print Unbilled List : NO

+         Enter ?? for more actions
EP  Edit Set                                        EX  Exit Action
Select Action: Next Screen// MCCR System Definition Menu
Claims Tracking Parameters   May 13, 1996 10:52:27        Page:   1 of    1
Only authorized persons may edit this data.


         Tracking Parameters              Random Sample Parameters
    Track Inpatient: ALL PATIENTS          Medicine Sample: 5
   Track Outpatient: INSURED ONLY      Medicine Admissions: 5
          Track Rx: ALL PATIENTS            Surgery Sample: 5
  Track Prosthetics: INSURED ONLY      Surgery Admissions: 5
 Reports Can Add CT: YES                      Psych Sample: 0
                                         Psych Admissions: 5

         General Parameters
 Initialization Date: 09/01/94
 Use Admission Sheet: YES
        Header Line 1: ALBANY VAMC
        Header Line 2: 113 HOLLAND AVE
        Header Line 3: ANYTOWN, NY 12305
         Enter ?? for more actions
TP  Tracking           RS  Random Sample        GP  General
EA  Edit All                                     EX  Exit Action
Select Action: Quit//
Automated Billing Parameters  May 13, 1996 10:54:11            Page:   1 of    1
Only authorized persons may edit this data.


         GENERAL PARAMETERS                  INPATIENT ADMISSION
 Auto Biller Frequency: 1                Automate Billing: YES
   Date Last Completed: 04/30/96            Billing Cycle: 20
       Inpatient Status: Closed                Days Delay: 1

          OUTPATIENT VISIT                 PRESCRIPTION REFILL
     Automate Billing: YES               Automate Billing: YES
        Billing Cycle: 10                   Billing Cycle: 3
           Days Delay: 1                       Days Delay: 1


         Enter ?? for more actions
GP  General              IP  Inpatient          OP  Outpatient
RX  Prescription                                EX  Exit Action
Select Action: Quit//
```

7.5.12.5. Re-Generate Average Bill Amounts

This option is used to rebuild and store the monthly and yearly counts and dollar amounts of inpatient and outpatient bills for a single month. This data will overwrite any previously stored data.

If a past month is selected, the monthly totals for that month are recomputed and the subsequent yearly totals are updated. Previous months' data is also calculated, when required, to obtain yearly values. This information is used to compute the average bill amount for the Unbilled Amounts Report.

Once the average bill amounts are calculated, the Unbilled Amounts Report is automatically generated, via electronic mail, for the selected month. This mail message is sent to the mail group specified in the UNBILLED MAIL GROUP field of the IB SITE PARAMETERS file.

7.5.13. Re-Generate Unbilled Amounts Report

This option is used to regenerate the Unbilled Amounts Report for a single month. This recomputes the unbilled care for the month and updates the unbilled amounts. To simply view previously computed data, please use the View Unbilled Amounts option.

Sample Output

```
Unbilled Inpatient Patient Listing for: 01/95                  Page 1  Mar 20, 1995@10:40:09
                                        Claims
Patient Name       Pt. ID.    Date of Care    Tracking ID Eligibility      Insurance Companies
---------------------------------------------------------------------------------------------
IBpatient,one      XXX-XX-XXXX Nov 27, 1993@11:22 XXXXXX      NON-SERVICE CONN  GHI,BIG TREE I
IBpatient,two      XXX-XX-XXXX Mar 29, 1994@13:00 XXXXXX      SC, LESS THAN 50  BLUE CROSS
IBpatient,three    XXX-XX-XXXX Mar 24, 1994@07:34 XXXXXX      HUMANITARIAN EME  HEALTH INS
IBpatient,four     XXX-XX-XXXX Sep 01, 1993@17:07 XXXXX       SC, 50% TO 100%   GHI
```

7.5.14. Send Test Unbilled Amounts Bulletin

This option allows the user to send a test mail message to the mail group receiving the unbilled amounts messages. This option should be used prior to reporting problems to assist sites in determining whether the mail groups are set up correctly. The mail group to receive the message should be specified in the UNBILLED MAIL GROUP (6.25) field in the IB SITE PARAMETERS file (350.9).

Sample Message

```
Subj: UNBILLED AMOUNTS Report for Oct. 2099  [#121659] 06 Jul 95 09:38
  20 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
--------------------------------------------------------------------
The Unbilled Amounts for Oct. 2099 has successfully completed for
ALBANY (XXX).
Test Data Only, Test Data Only, Test Data Only
Inpatient Care
   Number of Unbilled Inpt Cases :       1,111
   Average Inpt. Bill Amount     :      $9,999.99
   Total Unbilled Inpt Care      : $11,109,988.89
Outpatient Care:
   Number of Unbilled Opt Cases  :      33,333
   Average Opt. Bill Amount      :        $222.22
   Total Unbilled Opt. Care      :  $7,407,259.26
Total Unbilled Amount all care   : $18,517,248.15
Enter RETURN to continue or '^' to exit: <RET>
Subj: UNBILLED AMOUNTS Report for Oct. 2099  [XXXXXX]     Page 2
```

```
------------------------------------------------------------------------
Note: Average bill Amount is based on Bills Authorized during the 12
      months preceding the month of this report.
Note: Number of cases is insured cases in Claims Tracking that are
      not billed (or bill not authorized) but appear to be billable.
Select MESSAGE Action: IGNORE (in IN basket)//
```

7.5.15. View Unbilled Amounts

This option is used to view previously computed unbilled amounts without having to re-compile the data.

Sample Output

```
Unbilled Amounts Report                      Page 1  Mar 22, 1995@09:09:28
------------------------------------------------------------------------
            Inpatient Care: 02/95
  Number of Unbilled Inpt. Cases:          54
      Average Inpt. Bill Amount:      $5,552.22
       Total Inpatient Unbilled:    $299,819.88
          Outpatient Care: 02/95
  Number of Unbilled Opt. Cases:         192
       Average Opt. Bill Amount:        $179.00
      Total Outpatient Unbilled:     $34,368.00
            Inpatient Care: 01/95
  Number of Unbilled Inpt. Cases:          16
      Average Inpt. Bill Amount:      $5,832.75
       Total Inpatient Unbilled:     $93,324.00
          Outpatient Care: 01/95
  Number of Unbilled Opt. Cases:           0
       Average Opt. Bill Amount:        $178.93
      Total Outpatient Unbilled:          $0.00
```

7.5.16. Third Party Joint Inquiry

This option provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care. This information is presented in List Manager Screens.

Because the same actions are available on most screens, and most screens can be accessed from any other screen; these "Common Actions" are listed first and are not repeated under each screen description. Only actions specific to a screen are included with that screen description.

The user may QUIT from any screen; this will bring the user back one level or screen. EXIT is also available on most screens. EXIT returns the user to the menu. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Actions *shown in italics* access other screens.

Table 37: Common Actions

Acronym	Description	Action
BC	Bill Charges	Accesses the Bill Charges screen.
DX	Bill Diagnoses	Accesses the Bill Diagnoses screen.
PR	Bill Procedures	Accesses the Bill Procedures screen.

Acronym	Description	Action
CI	Go to Claim Screen	Returns the user to the Claim Information screen. Available on all screens that may be opened from the Claim Information screen.
AR	Account Profile	Accesses the AR Account Profile screen.
CM	Comment History	Accesses the AR Comment History screen.
IR	Insurance Reviews	Accesses the Insurance Reviews / Contacts screen.
HS	Health Summary	Displays a Health Summary report. The information displayed on the Health Summary is site specified through the MCCR Site Parameter Display/Edit option.
AL	Go to Active List	Returns the user to the Third-Party Active Bills screen if that screen was accessed upon entering this option; otherwise, this action returns the user to the menu.
VI	Insurance Company	Accesses the Insurance Company screen.
VP	Policy	Accesses the Patient Policy Information screen.
AB	Annual Benefits	Accesses the Annual Benefits screen.
EL	Patient Eligibility	Accesses the Patient Eligibility screen.
EX	Exit Action	Exits the option.

7.5.16.1. Third Party Active Bills Screen

This is the first screen displayed if a patient's name is entered at the first prompt. It lists all active third-party bills for the specified patient in order of date created. All bills created in the Integrated Billing Third Party Billing module can be found on this screen or the Inactive Bills screen.

Table 38: Common Actions

Acronym	Description	Action
IL	Inactive Bills	Accesses the Inactive Bills screen.
PI	Patient Insurance	Accesses the Patient Insurance screen.
CP	Change Patient	Allows the user to choose another patient and re-displays the Third-Party Active Bills screen for that patient.

7.5.16.2. Inactive Bills Screen

This screen lists inactive bills for a specified patient. All bills created in the Integrated Billing Third Party Billing module are found on this screen or the Third-Party Active Bills screen. Bills are displayed beginning with most recent "statement from" date.

Table 39: Common Actions

Acronym	Description	Action
CD	Change Dates	Allows the user to change the bills listed by changing the most recent "statement from" date to be displayed.

7.5.16.3. Patient Insurance Screen

This screen displays the list of insurance policies for a patient. It is based on the Patient Insurance Management screen of the Patient Insurance Info View/Edit option. It is only available from the Third-Party Active Bills screen.

7.5.16.4. Claim Information Screen

This screen contains bill data and status information to provide an overall status of the bill. This is the primary claim screen for the inquiry, and many actions are provided to expand on the details of the claim.

If a policy has been updated but the bill has not, those changes are not reflected on this screen. Updated or current insurance information may be viewed using the three insurance screens.

Table 40: Common Actions

Acronym	Description	Action
CB	Change Bill	Allows the user to change the bill being displayed. If the user entered a patient name at the first prompt of this option, only bills for that patient may be selected. If the user entered a bill number at the first prompt, any bill may be selected.

7.5.16.5. Bill Charges Screen

This screen displays a bill's charge information as it would print on the bill. For UB-92 bills, this closely corresponds to Form Locators 42-49; therefore, any prosthetic items, Rx refills, or additional diagnoses and procedures are included. For HCFA 1500 bills, this closely corresponds to Block 24.

7.5.16.6. Bill Diagnosis Screen

This screen displays all diagnoses assigned to the bill, in the order printed.

7.5.16.7. Bill Procedures Screen

This screen lists all procedures assigned to a bill, in the order printed.

7.5.16.8. AR Account Profile Screen

This screen provides the financial history of a claim's account. This includes the current status of the bill in both IB and AR, as well as the payment or transaction history of the bill from Accounts Receivable. This screen is loosely based on the Profile of Accounts Receivable option.

Table 41: Common Actions

Acronym	Description	Action
VT	Transaction Profile	Accesses the AR Transaction Profile screen for a selected transaction.

7.5.16.9.   AR Transaction Profile Screen

This screen displays detailed account transaction information for individual claim transactions. It is loosely based on the Accounts Receivable Transaction Profile option.

7.5.16.10.   AR Comment History Screen

This screen displays AR comments for the claim's account.

Table 42: Common Actions

Acronym	Description	Action
AD	Add AR Comment	Allows the user to add an AR Transaction Comment to the bill being displayed. Comment transactions may not be added to a bill that has not been authorized in IB.

7.5.16.11.   Insurance Reviews / Contacts Screen

This screen displays all insurance reviews and contacts for the episodes of care on a bill. It is based on the Insurance Reviews / Contacts screen of the Claims Tracking Insurance Review Edit option. The primary difference between the two screens is that this screen consolidates all contacts for each episode being billed on a claim, while the Claims Tracking screen displays the contacts for a single episode of care.

Table 43: Common Actions

Acronym	Description	Action
VR	Reviews/Appeals	Displays expanded information on a selected insurance contact. The screen accessed by this action will depend on the type of contact selected. If the contact is an appeal or denial, the Expanded Appeals / Denials screen is opened; otherwise, the Expanded Insurance Reviews screen is opened.

7.5.16.12.   Expanded Appeals / Denials Screen

This screen displays expanded information on insurance appeals and denials listed on the Insurance Review / Contacts screen. This screen is based on the Expanded Appeals / Denials screen of the Claims Tracking Appeal/Denial Edit option.

7.5.16.13.   Expanded Insurance Reviews Screen

This screen displays expanded information on insurance reviews listed on the Insurance Reviews / Contacts screen. This screen is based on the Expanded Insurance Reviews screen of the Claims Tracking Insurance Review Edit option.

7.5.16.14. Insurance Company Screen

This screen displays extended information on an Insurance Company. It is based on the Insurance Company Editor screen of the Insurance Company Entry/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen displays only information related to the insurance carriers assigned to that bill.

7.5.16.15. Patient Policy Information Screen

This screen displays extended information on insurance policies. It is based on the Patient Policy Information screen of the Patient Insurance Info View/Edit option. This screen may be entered from either the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen will only display information related to the insurance policies assigned to the bill.

7.5.16.16. Annual Benefits Screen

This screen displays extended information on the annual benefits of insurance policies. It is based on the Annual Benefits Editor screen of the Patient Insurance Info View/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill has been chosen, this screen displays information related to the insurance policies assigned to that bill.

7.5.16.17. Patient Eligibility Screen

This screen displays the current information on the patient's eligibility for care and service connection status. It is loosely based on the Eligibility Inquiry for Patient Billing option. This screen is available from the Third-Party Active Bills screen and the bill specific screens.

If this screen is accessed from one of the bill specific screens, such as the Claim Information screen, the standard list of bill screen actions will be available from this screen.

If this screen is accessed from the Patient Insurance screen, no other screens are, and the user must return to a previous screen to access other screens.

Sample Screens

```
Third Party Active Bills      May 31, 1995 @10:07:11 Page 1 of 1
IBpatient,one          XXXX     NSC
Bill #       From     To         Type   Stat Rate      Insurer    Orig Amt Curr Amt
1    XXXXXX   04/20/92 04/20/92   O/P/O  BI  REIM INS    HEALTH    0.00     0.00
2    XXXXXX   04/20/92 04/24/92   O/P/O  PC  REIM INS    HEALTH    698.30   698.30
3    XXXXXX * 11/16/93 11/17/93   O/P/O  N   REIM INS  + HEALTH    199.00   199.00
4    XXXXXX   02/16/94 02/16/94   O/P/I  PC  REIM INS  + HEALTH    196.00   196.00
5    XXXXXX * 03/01/94 03/15/94   O/P/O  BI  REIM INS  + HEALTH    0.00     0.00
6    XXXXXX * 03/14/94 03/15/94   O/P/R  BI  REIM INS  + ABC       0.00     0.00
7    XXXXXX * 03/02/94 03/03/94   O/P/P  BI  REIM INS    ABC       0.00     0.00
8    XXXXXX * 03/06/94 03/07/94   O/I/O  N   REIM INS    ABC       356.00   356.00
9    XXXXXX   05/01/94 05/31/94   I/P/I  BI  REIM INS    HEALTH    0.00     0.00
10   XXXXXX   06/01/94 06/05/94   I/P/P  BI  REIM INS    HEALTH    0.00     0.00
11   XXXXXX * 03/03/94 03/31/94   I/I/P  A   REIM INS  + HEALTH    11221.00 856.45
12   XXXXXX   08/30/94 09/30/94   I/P/I  BI  REIM INS    ABC       0.00     0.00
+         | * Cat C Charges on Hold | + 2nd/3rd Carrier |
CI   Claim Information    IL   Inactive Bills       PI   Patient Insurance
CP   Change Patient       HS   Health Summary       EL   Patient Eligibility
Select Action: Next Screen//
Inactive Bills                  May 17, 1996 13:30:26  Page:   1 of   2
IBpatient,one        XXXX    ** All Inactive Bills **  (9)
```

```
Bill #      From     To       Type  Stat Rate      Insurer  Orig Amt Curr Amt
1  XXXXXX   06/01/94 06/05/94  I/P/I CC  REIM INS + ABC        935.00  0.00
2  XXXXXX   06/01/94 06/05/94  I/P/R CB  REIM INS + HEALTH       0.00  0.00
3  XXXXXX   05/07/94 05/12/94  I/P/R CB  REIM INS   HEALTH       0.00  0.00
4  XXXXXX * 03/02/94 03/03/94  O/P/P CB  REIM INS                0.00  0.00
5  XXXXXX * 03/02/94 03/03/94  O/P/R CB  REIM INS                0.00  0.00
6  XXXXXX   02/16/94 02/16/94  O/P/O CB  REIM INS                0.00  0.00
7  XXXXXX   04/14/92 04/20/92  O/P/O CB  REIM INS   ABC       1026.02  1026.02
8  XXXXXX   02/08/90 02/08/90  O/P/R CC  REIM INS   BC/BS       26.00  0.00
9  XXXXXX   02/07/90 02/07/90  O/P/R CC  REIM INS   BC/BS       26.00  0.00
+       |* Cat C Charges on Hold |+ 2nd/3rd Carrier |
CI  Claim Information    AL  Go to Active List    CD  Change Dates
                                          EX  Exit Action
Select Action: Next Screen//
```

Sample Screens

```
Claim Information           Dec 12, 2013@08:10:10      Page:   1 of   3
XXXXXXXX    PXXXX       DOB: XX/XX/XX   Subsc ID: XXXXXXXXX
--------------------------------------------------------------------------------
  Insurance Demographics
     Bill Payer: CAREMARK 6XXXXX
  Claim Address: PO BOX XXXXX
                ANYTOWN, AZ XXXXX
   Claim Phone: XXX-XXX-XXXX
  Subscriber Demographics
  Group Number: GRP PLN 1605501
    Group Name: GICRX
  Subscriber ID: XXXXXXXXX
      Employer: BIG COMPANY
  Insured's Name: IB,SPOUSE
   Relationship: SPOUSE
+--------|% EEOB | Enter ?? for more actions|--------------------------------
BC  Bill Charges       AR  Account Profile    VI  Insurance Company
DX  Bill Diagnosis     CM  Comment History    VP  Policy
PR  Bill Procedures    IR  Insurance Reviews  AB  Annual Benefits
CB  Change Bill        HS  Health Summary     EL  Patient Eligibility
ED  EDI Status         AL  Go to Active List  EB  Expand Benefits
RX  ECME Information    EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```

Sample Screens

```
Claim Information           Dec 12, 2013@08:10:21      Page:   2 of   3
XXXXXXXX    PATIENT,IB PXXXX     DOB: XX/XX/XX   Subsc ID: XXXXXXXXX
+-------------------------------------------------------------------------------
                    Claim Information
  Bill Type: OUTPATIENT                  Charge Type:
 Time Frame: ADMIT THRU DISCHARGE        Service Dates: 01/31/12 - 01/31/12
  Rate Type: REIMBURSABLE INS.           Orig Claim:     12.85
  AR Status: COLLECTED/CLOSED            Balance Due:     0.00
   Sequence: PRIMARY
  Purch Svc: NO
    ECME No: XXXXXXXXXXXX
 ECME Ap No: XXXXXXXXXXXXXXXXXXX
        NPI: XXXXXXXXXX
       HPID: XXXXXXXXXX
+--------Enter ?? for more actions-----------------------------------------
BC  Bill Charges       AR  Account Profile    VI  Insurance Company
DX  Bill Diagnosis     CM  Comment History    VP  Policy
PR  Bill Procedures    IR  Insurance Reviews  AB  Annual Benefits
CB  Change Bill        HS  Health Summary     EL  Patient Eligibility
ED  EDI Status         AL  Go to Active List  EB  Expand Benefits
RX  ECME Information    EX  Exit
```

```
Select Action: Next Screen//    NEXT SCREEN

Claim Information          Dec 12, 2013@08:10:24       Page:   3 of   3
XXXXXXXXX   PATIENT,IB PXXXX       DOB: XX/XX/XX   Subsc ID: XXXXXXXXX
+-------------------------------------------------------------------------
       Entered: 01/31/12  by  IB,TESTER
     Authorized: 01/31/12  by  IB,TESTER
  First Printed: 01/31/12  by  IB,TESTER
  Related Prescription Copay Information
 Rx: XXXXXXX  Chg: $8.00    Status: On Hold   Bill:
----------Enter ?? for more actions--------------------------------------
BC  Bill Charges        AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis      CM  Comment History      VP  Policy
PR  Bill Procedures     IR  Insurance Reviews    AB  Annual Benefits
CB  Change Bill         HS  Health Summary       EL  Patient Eligibility
ED  EDI Status          AL  Go to Active List    EB  Expand Benefits
RX  ECME Information     EX  Exit
Select Action: Quit//
```

Sample Screens

```
Patient Insurance   May 31, 1995 @10:07:11    Page 1 of   1
Insurance Management for Patient: IBpatient,one       XXXX
       Insurance Co.       Type of Policy    Group Holder Effect.     Expires
1 HEALTH INS LTD        GN 48923222   SELF  01/01/87
2 ABC        MAJOR MEDICALAE 76899354  SPOUSE 10/1/90      19/30/95
3 XYZ INS    INDEMNITY   T109   OTHER 10/1/94      01/01/95
4 BC/BS      MAJOR MEDICALGN 392043    SELF  01/01/90     12/31/92


VI    Insurance Company   VP     Policy AB    Annual Benefits
AL    Go to Active List                 EX    Exit Action
Select Action: Quit//
Bill Charges May 31, 1995 @10:07:11       Page 1 of 1
XXXXXX IBpatient,one      XXXX   DOB: XX/XX/XX Subsc ID: XXXXXXXX
11/16/93 - 11/17/93 ADMIT THRU DISCHARGE      Orig Amt:  199.00


      OUTPATIENT VISIT
500   OUTPATIENT SVS     178.00     1     178.00
      PRESCRIPTION
257   DRGS/NONSCRPT      21.00      1     21.00
001   TOTAL CHARGE                        199.00


      OP VISIT DATE(S) BILLED:       NOV 16, 1993


      PRESCRIPTION REFILLS:
      30948 NOV 17, 1993        ABBOCATH-T 18G 1.25 IN
                      QTY: 20 for 10 days supply
Bill Remark: This is a demonstration bill created for Joint Billing Inquiry.


         Enter ?? for more actions
DX  Bill Diagnosis       AR  Account Profile      VI  Insurance Company
PR  Bill Procedures      CM  Comment History      VP  Policy
CI  Go to Claim Screen   IR  Insurance Reviews    AB  Annual Benefits
                         HS  Health Summary       EL  Patient Eligibility
                         AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Bill Charges May 31, 1995 @10:07:11          Page 1 of 1
XXXXXX IBpatient,one      XXXX   DOB: XX/XX/XX Subsc ID: XXXXXXXX
03/02/94 - 03/31/94 INTERIM - FIRST CLAIM     Orig Amt: 11221.00
```

```
30 DAYS INPATIENT CARE
      INTERMEDIATE CARE
101    ALL INCL R&B        246.00        30     7380.00
240    ALL INCL ANCIL       48.00        30     1440.00
960    PRO FEE              49.00        30     1470.00
274    PROSTH/ORTH DEV     931.00         1      931.00
001    TOTAL CHARGE                            11221.00
      PROSTHETIC ITEMS:
      Sep 18, 1994  WHEELCHAIR
      Sep 21, 1994  CANE-ALL OTHER


        Enter ?? for more actions
DX  Bill Diagnosis        AR  Account Profile     VI  Insurance Company
PR  Bill Procedures       CM  Comment History     VP  Policy
CI  Go to Claim Screen     IR  Insurance Reviews    AB  Annual Benefits
                          HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Bill Diagnosis              May 17, 1996 14:07:56      Page:  1 of   1
XXXXXX   IBpatient,one      XXXX       DOB: XX/XX/XX    Subsc ID: XXXXXXXX
 11/16/93 - 11/17/93       ADMIT THRU DISCHARGE CLAIM   Orig Amt:  199.00

      1)     490.  BRONCHITIS NOS
      2)     030.1 TUBERCULOID LEPROSY
      3)     101.  VINCENT'S ANGINA
      4)     330.1 CEREBRAL LIPIDOSES
      5)     461.0 AC MAXILLARY SINUSITIS
      6)     310.0 FRONTAL LOBE SYNDROME
      7)     200.01 RETICULOSARCOMA HEAD


        Enter ?? for more actions
BC  Bill Charges          AR  Account Profile     VI  Insurance Company
PR  Bill Procedures       CM  Comment History     VP  Policy
CI  Go to Claim Screen     IR  Insurance Reviews    AB  Annual Benefits
                          HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Bill Procedures            May 17, 1996 14:12:58      Page:  1 of   1
XXXXXX   IBpatient,one      XXXX       DOB: XX/XX/XX    Subsc ID: XXXXXXXX
 11/16/93 - 11/17/93       ADMIT THRU DISCHARGE CLAIM   Orig Amt:  199.00

 XXXXX SURGICAL CLEANSING OF SKIN 11/16/93
 XXXXX ADDITIONAL CLEANSING OF SKIN     11/16/93
 XXXXX REPAIR SUPERFICIAL WOUND(S)      11/16/93


        Enter ?? for more actions
BC  Bill Charges          AR  Account Profile     VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History     VP  Policy
CI  Go to Claim Screen     IR  Insurance Reviews    AB  Annual Benefits
                          HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
AR Account Profile          May 31, 1995 @10:07:11      Page:   1 of    1
XXXXXX   IBpatient,one       XXXX      DOB: XX/XX/XX   Subsc ID: XXXXXXXX
AR Status: ACTIVE         Orig Amt:  11221.00      Balance Due: 856.45


            04/01/94    IB Status: Printed  (Last) 11221.00     11221.00
1    1578   05/07/94    PAYMENT (IN PART)   7856.21       3364.79
2    1598   07/07/94    PAYMENT (IN PART)   2508.34        856.45
3    1601   07/08/94    COMMENT      0.00   856.45
     Total Collected:   10364.55
     Percent Collected: 92.37%
          Enter ?? for more actions
BC  Bill Charges            VT  Transaction Profile  VI  Insurance Company
DX  Bill Diagnosis          CM  Comment History      VP  Policy
PR  Bill Procedures         IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen      HS  Health Summary        EL  Patient Eligibility
                            AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
AR Transaction Profile    May 31, 1995 @10:07:11         Page 1 of 1
XXXXXX IBpatient,one       XXXX DOB: XX/XX/XX   Subsc ID: XXXXXXXX
AR Status: ACTIVE              Orig Amt:  11221.00   Balance Due: 856.45

      TRANS. NO:   1578   TRANS. TYPE: PAYMENT (IN PART)
      TRANS. DATE: 05/07/94    DATE POSTED: 05/10/94    (ARH)
      TRANS. AMOUNT:     7856.21      RECEIPT #:   XXXXXXXX
           BALANCE      COLLECTED
      ------------- ---------------
      PRINCIPLE:   3364.79      7856.21
      INTEREST:    0.00   0.00
      ADMINISTRATIVE:    0.00   0.00
      MARSHALL FEE:0.00   0.00
      COURT COST:  0.00    0.00
           --------     ---------
      TOTAL: 3364.79      7856.21

      FY: 94 PR AMT: 3364.79          FY TR AMT: 7856.21
COMMENTS:  Date of Deposit: MAY 10, 1994

      Enter ?? for more actions
CI    Go to Claim Screen  AL    Go to Active List   EX    Exit Action
Select Action: Quit//
```

Sample Screens

```
AR Comment History        May 17, 1996 14:21:37      Page:   1 of    1
XXXXXX   IBpatient,one       XXXX       DOB: 5 XX/XX/XX   Subsc ID: XXXXXXX
AR Status: CANCELLED       Orig Amt: 1026.02      Balance Due: 1026.02


1582  04/21/92    Copy of bill sent.  FOLLOW-UP DT:05/12/92
           Carrier did not receive initial bill.
1594  05/20/92    Bill canceled, wrong form type.  FOLLOW-UP DT:06/01/92
           Carrier refuses to process this type of bill on a UB-92.
      They are requiring the HCFA 1500 form.
```

```
            Enter ?? for more actions
BC  Bill Charges          AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis        AD  Add AR Comment       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews    AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Insurance Reviews/Contacts    May 31, 1995 @10:07:11     Page:   1 of    1
Insurance Review Entries for: XXXXXX    IBpatient,one       XXXX
    Date        Ins. Co.        Type Contact      Action    Auth. No. Days
      OUTPATIENT VISIT of AMBULATORY SURGERY OFFICE on 11/16/93
1   11/30/93     HEALTH INS LIMITED  1st Appeal-Clin    APPROVED    AU XXXXX
2   11/17/93     HEALTH INS LIMITED  OPT    DENIAL       0
      PRESCRIPTION REFILL of XXXXX on 11/17/93
3   11/17/93     HEALTH INS LIMITED  OPT    APPROVED     RN XXXXXXX


        Service Connected: NO   Previous Spec. Bills: TORT                >>>
BC  Bill Charges          AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       VR  Reviews/Appeals      AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Expanded Appeals/Denials  May 31, 1995 @10:07:11    Page 1 of  2
Insurance Appeal/Denial for:    IBpatient,one       XXXX ROI: NOT REQUIRED


     Visit Information   Action Information
     Visit Type:  OUTPATIENT VISIT    Type Contact: INITIAL APPEAL
     Visit Date:  03/09/94 9:00 am    Appeal Type: CLINICAL
     Clinic:      AMBULATORY SURGERY  Case Status: OPEN
     Appt. Status: CHECKED OUT  No Days Pending:
     Appt. Type:  REGULAR      Final Outcome:
     Special Cond:
     Clinical Information      Appeal Address Information
     Provider:          Ins. Co. Name:     HEALTH INS LIMITED
     Provider:          Alternate Name:
     Diagnosis:         Street line 1:     HIL - APPEALS OFFICE
     Diagnosis:         Street line 2:     1099 THIRD AVE, SUITE
     Special Cond:      Street line 3:
                   City/State/Zip:    ANYTOWN, NY  12345
Insurance Policy Information
     Ins. Co. Name:      HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
     Group Number: GN 48923222  Subscriber ID:       XXXXXXXX
     Whose Insurance:  VETERAN     Effective Date:    01/01/87
     Pre-Cert Phone:   XXX-XXX-XXX  Expiration Date:
     User Information   Contact Information
     Entered By: EMPLOYEE    Contact Date: 04/01/94
     Entered On:  11/16/93 3:30 pm   Person Contacted:   SPOUSE
     Last Edited By:        Contact Method:    PHONE
     Last Edited On:        Call Ref. Number:   RN XXXXXXX
                   Review Date: 06/02/95
 Comments
 Policy should cover treatment.
 Service Connected Conditions:
 Service Connected: NO
```

```
  NO SC DISABILITIES LISTED
         Enter ?? for more actions                                        >>>
CI    Go to Claim Screen AL    Go to Active List   EX    Exit Action
Select Action: Quit//
```

Sample Screens

```
Expanded Insurance Reviews      May 31, 1995 @10:07:11    Page 1 of   2
Insurance Review Entries for:    IBpatient,one        XXXX ROI: NOT REQUIRED

        Contact Information Action Information
        Contact Date:11/17/93    Type Contact:OUTPATIENT TREATMEN
        Person Contacted:   Steve  Opt Treatment:    RX REFILL
        Contact Method:     PHONE Action:       APPROVED
        Call Ref. Number:  RN XXXXXXX    Auth. Number:RN XXXXXXX
        Review Date: 06/02/95
        Insurance Policy Information
        Ins. Co. Name:      HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
        Group Number:GN 48923222   Subscriber ID:       XXXXXXXX
        Whose Insurance:  VETERAN       Effective Date:      01/01/87
        Pre-Cert Phone:    XXX-XXXX     Expiration Date:
        Appeal Address Information User Information
        Ins. Co. Name:      HEALTH INS LIMITED  Entered By:  EMPLOYEE
        Alternate Name:               Entered On:   11/17/93 12:54 pm
        Street line 1:     HIL - APPEALS OFFICE     Last Edited By: EMPLOYEE
        Street line 2:     1099 THIRD AVE, SUITE 301 Last Edited On: 11/20/93 12:55 pm
        Street line 3:
        City/State/Zip:    ANYTOWN, NY 12345
 Comments
 One refill of prescription approved.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
         Enter ?? for more actions                                        >>>
CI    Go to Claim Screen AL    Go to Active List   EX    Exit Action
Select Action: Quit//
```

Sample Screens

```
Insurance Company          May 17, 1996 15:25:42        Page:   1 of    5
Insurance Company Information for: HEALTH INS LIMITED               Primary
Type of Company: HEALTH INSURANCE                   Currently Active

        Billing Parameters
        Signature Required?:       YES    Attending Phys. ID: AT PH ID VAXXXXXXX
        Reimburse?:  WILL REIMBURSE      Hosp. Provider No.:
        Mult. Bedsections: YES    Primary Form Type:
        Diff. Rev. Codes:          Billing Phone:
        One Opt. Visit:    NO     Verification Phone:
        Amb. Sur. Rev. Code:            Precert Comp. Name: ABC INSURANCE
        Rx Refill Rev. Code:           Precert Phone:     XXX-XXX-XXXX E
        Filing Time Frame:
        Main Mailing Address
        Street:     2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
        Street 2:    FREAR BUILDING      Phone: XXX-XXXX
        Street 3:           Fax:   XXX-XXXX
        Inpatient Claims Office Information
        Street:     2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
        Street 2:    FREAR BUILDING      Phone: XXX-XXXX
        Street 3:           Fax:   XXX-XXXX
        Outpatient Claims Office Information
        Street:     789 3RD STREET       City/State:  ANYTOWN, NY 12345
        Street 2:          Phone: XXX-XXX-XXXX
```

```
        Street 3:          Fax:   XXX- XXX-XXXX
        Prescription Claims Office Information
        Company Name:GHI PROCESSING      Street 3:
        Street:      1933 CORPORATE DRIVE     City/State:  ANYTOWN, NY 39332
        Street 2:    TANGLEWOOD PARK     Phone:XXX-XXXX
        Fax:
        Appeals Office Information
        Street:      HIL - APPEALS OFFICE    City/State:  ANYTOWN, NY 12345
        Street 2:    1099 THIRD AVE, SUITE 301  Phone:XXX-XXXX
        Street 3:          Fax:   XXX-XXXX
        Inquiry Office Information
        Street:      2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
        Street 2:    FREAR BUILDING     Phone:XXX-XXXX
        Street 3:          Fax:   XXX-XXXX
      Remarks

      Synonyms

            Enter ?? for more actions                              >>>
BC  Bill Charges          AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       IR  Insurance Reviews    AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Patient Policy Information    Dec 12, 2013@08:13:21       Page:   1 of   9
For: IBSUB,TWOTRLRS   XXX-XX-XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
--------------------------------------------------------------------------------
  Insurance Company
    Company: MEDICARE (WNR)
     Street: PO BOX 10066
   Street 2: HEALTH CARE FINANCING
 City/State: ANYTOWN, MD 21207
 Billing Ph: (XXX)XXX-XXXX
 Precert Ph: (XXX)XXX-XXXX
  Plan Information
    Is Group Plan: YES
       Group Name: MEDICARE PART A
     Group Number: XXXXXXXXXXX
+--------Enter ?? for more actions---------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:30       Page:   2 of   9
For: IBSUB,TWOTRLRS   XXX-XX-XXXX                        DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+-------------------------------------------------------------------------------
            BIN:
            PCN:
    Type of Plan: MEDICARE (M)
   Plan Category: MEDICARE PART A
 Electronic Type: MEDICARE A or B
  Plan Filing TF: 1 YEAR (1 YEAR(S))
     ePharmacy Plan ID:
```

```
    ePharmacy Plan Name:
   ePharmacy Natl Status:
  ePharmacy Local Status:
  Utilization Review Info              Effective Dates & Source
+--------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:31      Page:   3 of   9
For: IBSUB,TWOTRLRS   XXX-XX-XXXX                       DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company          ** Plan Currently Active **
+-------------------------------------------------------------------------
          Require UR: NO               Effective Date: 01/01/13
    Require Amb Cert: NO               Expiration Date:
    Require Pre-Cert: NO                Source of Info: INTERVIEW
    Exclude Pre-Cond: NO          Policy Not Billable: NO
 Benefits Assignable: YES
  Subscriber Information
   Whose Insurance: VETERAN
    Subscriber Name: IBSUB,TWOTRLRS
       Relationship: SELF
         Primary ID: XXXXXXXXXX
   Coord. Benefits: PRIMARY
+--------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:31      Page:   4 of   9
For: IBSUB,TWOTRLRS   XXX-XX-XXXX                       DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company          ** Plan Currently Active **
+-------------------------------------------------------------------------
  Subscriber's Employer Information
  Employment Status:               Emp Sponsored Plan: No
           Employer:               Claims to Employer: No, Send to Insurance
             Street:                  Retirement Date:
         City/State:
              Phone:
 Primary Provider:
  Prim Prov Phone:
  Subscriber's Information (use Subscriber Update Action)
+--------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:32      Page:   5 of   9
For: IBSUB,TWOTRLRS   XXX-XX-XXXX                       DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company          ** Plan Currently Active **
+-------------------------------------------------------------------------
```

```
    Subscriber's DOB: XX/XX/XX
            Str 1: PALMER HOUSE HEALTH CARE
            Str 2: SHEARER ST
             City: ANYTOWN
           St/Zip: MA  01069
           SubDiv:
          Country:
            Phone: XXX-XXX-XXXX
    Subscriber's Sex: MALE
 Subscriber's Branch: ARMY
   Subscriber's Rank:
+--------Enter ?? for more actions------------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//   NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:36      Page:   6 of    9
For: IBSUB,TWOTRLRS   XXX-XX-XXXX                       DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company           ** Plan Currently Active **
+---------------------------------------------------------------------------
  Insurance Company ID Numbers (use Subscriber Update Action)
    Subscriber ID: XXXXXXXXXX
  Plan Coverage Limitations
    Coverage           Effective Date   Covered?      Limit Comments
    --------           -------------    --------      --------------
    INPATIENT          07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
    OUTPATIENT         07/01/1998       NO
+--------Enter ?? for more actions------------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//   NEXT SCREEN

Patient Policy Information   Dec 12, 2013@08:13:37      Page:   7 of    9
For: IBSUB,TWOTRLRS   XXX-XX-XXXX                       DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company           ** Plan Currently Active **
+---------------------------------------------------------------------------
                       01/01/1998       NO
                       11/01/1996       NO
    PHARMACY           08/29/2008       NO
                       07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
    DENTAL             07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
    MENTAL HEALTH      07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
+--------Enter ?? for more actions------------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments    BU  Benefits Used
```

```
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:38      Page:   8 of   9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                          DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company          ** Plan Currently Active **
+------------------------------------------------------------------------
   LONG TERM CARE     07/01/1998      NO
                      01/01/1998      NO
   PROSTHETICS        07/01/1998      NO
                      01/01/1998      NO
   VISION             07/01/1998      NO
  User Information                      Insurance Contact (last)
      Entered By: IB,TESTER    Person Contacted:
      Entered On: 06/05/13         Method of Contact: PHONE
 Last Verified By:                    Contact's Phone:
 Last Verified On:                       Call Ref. No.:
  Last Updated By: IB,TESTER          Contact Date: SEP 24, 2013
  Last Updated On: 09/24/13
+---------Enter ?? for more actions---------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:39      Page:   9 of   9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                          DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company          ** Plan Currently Active **
+------------------------------------------------------------------------
  Comment -- Group Plan
  This is a long group comment. This area can hold much more than 80
  Characters in the field.
  Comment -- Patient Policy
Dt Entered  Entered By              Method     Person Contacted
 09/25/15    IBCLERK,TWO            PHONE      USER-A
  JUST A COMMENT AND NOTHING ELSE

 +09/25/15    IBCLERK,TWO           PHONE      USER-A
  THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO TEST THE WRAP INDICATO
  Personal Riders
    Rider #1: DENTAL COVERAGE
---------Enter ?? for more actions---------------------------------------
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Quit//
```

Sample Screens

```
Annual Benefits          May 17, 1996 15:39:23      Page:   1 of    3
Annual Benefits for: ABC Ins. Co                                   Primary
         Policy: GN 48923222           Ben Yr: MAR 01, 1993


     Policy Information
     Max. Out of Pocket: $      500
     Ambulance Coverage (%):   85    %
```

```
        Inpatient
     Annual Deductible: $      500   Drug/Alcohol Lifet. Max:  $
     Per Admis. Deductible:   $     100   Drug/Alcohol Annual Max:  $
     Inpt. Lifetime Max: $            Nursing Home (%):
     Inpt. Annual Max:   $            Other Inpt. Charges (%):
     Room & Board (%):
        Outpatient
     Annual Deductible: $      50    Surgery (%):
     Per Visit Deductible:    $     50    Emergency (%):            85%
     Lifetime Max:$             Prescription (%):      80%
     Annual Max:  $             Adult Day Health Care?:   UNK
     Visit (%):                 Dental Cov. Type:   PERCENTAGE AMOU
     Max Visits Per Year:                Dental Cov. (%):   48%
        Mental Health Inpatient    Mental Health Outpatient
     MH Inpt. Max Days/Year:             MH Opt. Max Days/Year:
     MH Lifetime Inpt. Max:   $          MH Lifetime Opt. Max:      $
     MH Annual Inpt. Max:     $          MH Annual Opt. Max: $
     Mental Health Inpt. (%):            Mental Health Opt. (%):
        Home Health Care    Hospice
     Care Level:            Annual Deductible: $
     Visits Per Year:                Inpatient Annual Max.:    $
     Max. Days Per Year:             Lifetime Max.:       $
     Med. Equipment (%):             Room and Board (%):
     Visit Definition:               Other Inpt. Charges (%):
        Rehabilitation       IV Management
     OT Visits/Yr:          IV Infusion Opt?:   UNK
     PT Visits/Yr:          IV Infusion Inpt?:  UNK
     ST Visits/Yr:          IV Antibiotics Opt?:      UNK
     Med Cnslg. Visits/Yr:            IV Antibiotics Inpt?:     UNK
        User Information
     Entered By:  EMPLOYEE
     Entered On:  02/02/94
     Last Updated By:   EMPLOYEE
     Last Updated On:   02/18/94


        Enter ?? for more actions                              >>>
BC  Bill Charges          AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       IR  Insurance Reviews    AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary       EL  Patient Eligibility
                          AL  Go to Active List    EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Patient Eligibility          May 20, 1996 07:45:44     Page:  1 of   1
XXXXXX   IBpatient,one     XXXX           DOB: XX/XX/XX   Subsc ID:

        Means Test: CATEGORY A                  Insured: Yes
       Date of Test: 08/24/94              A/O Exposure:
 Co-pay Exemption Test:                    Rad. Exposure:
       Date of Test:

   Primary Elig. Code: NSC
  Other Elig. Code(s): EMPLOYEE
                       AID & ATTENDANCE
    Service Connected: No
   Rated Disabilities: BONE DISEASE (0%-NSC)
                       DEGENERATIVE ARTHRITIS (40%-NSC)
```

```
              Enter ?? for more actions
BC  Bill Charges          AR  Account Profile      VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       IR  Insurance Reviews    AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary       EX  Exit Action
                          AL  Go to Active List
Select Action: Quit//
```

7.5.17. Fast Enter of New Billing Rates

The IB SUPERVISOR security key is required to edit.

This option is designed to allow quick entry of new rates into the Charge Master for Interagency and Tortiously Liable Billing Rates. This option should only be used for the annual updated Interagency and Tortiously Liable Rates. The charges will be asked for by charge type category: inpatient, outpatient, prescription, outpatient dental, Cat C copayment. Enter all charges for a category, then move to the next section for the next category. For example, when first prompted for Inpatient Charges. When the user has entered all inpatient bed sections and related charges, a <RET> entered at the "Select Inpatient Bed section" prompt that will bring the user to the next charge type, Outpatient, and so on until the user has entered the charges for all charge types.

Revenue codes may be edited through the Enter/Edit Charge Master option.

7.5.18. Delete Charges from the Charge Master

The IB SUPERVISOR security key is required to edit.

This option is used to delete charges from a Charge Set that are no longer needed. All charges that are inactive or that have been replaced before the specified date are deleted. A report of charges that *will be* deleted based on the date entered can be printed before the actual deletion to confirm the charges should be deleted.

Sample Output

```
Charges (to be deleted) in TL-OPT DENTAL set (ALL CHARGES IN SET) May 28, 1997  09:49
Page 1
Charge Item                    Effective   Inactive       Charge  Rev Cd
----------------------------------------------------------------------------
                    CHARGE SET: TL-OPT DENTAL
OUTPATIENT DENTAL              10/01/92                      97.00
OUTPATIENT DENTAL              10/01/93                     102.00
OUTPATIENT DENTAL              10/01/94                     119.00
OUTPATIENT DENTAL              10/01/95                     104.00
OUTPATIENT DENTAL              10/01/96                     121.00
5 Charges to be deleted
Enter RETURN to continue or '^' to exit:
```

7.5.19. Inactivate / List Inactive Codes in Charge Master

This option searches the charges in the Charge Master for inactive CPT codes. It then inactivates all charges associated with those inactive CPT codes. To confirm the charges should be inactivated, a report of charges for inactive CPT codes may be printed.

Sample Output

```
Charges for Inactive CPT's                        May 29, 1997  13:47  Page 1
Charge Item         Effective   Inactive    Charge Set           Charge   Rev Cd
-------------------------------------------------------------------------------
00806               02/01/95                AMB SURG REGION      394.00    333
11701               02/01/95                AMB SURG REGION      343.34
11701 - 54          05/01/96                AMB SURG REGION       34.20
25146 - 66          02/01/95                AMB SURG REGION      942.00
25153               05/01/96                AMB SURG REGION      234.23
5 Charges for Inactive CPT's
```

8. IRM System Manager's Integrated Billing Menu

8.1. Purge Functionality

The first option in the Purge Menu, Purge Update File, is used to delete all CPT entries from the temporary file, UPDATE BILLABLE AMBULATORY SURGICAL CODE (#350.41), after transferred to the permanent file, BILLABLE AMBULATORY SURGICAL CODES (#350.4). This is usually done yearly, after a HCFA update of the CPT codes.

The remainder of the options in this menu are used to archive and purge billing data. The files that may be archived and subsequently purged are the INTEGRATED BILLING ACTION file (#350) (pharmacy copayment transactions only), the CATEGORY C BILLING CLOCK file (#351), and the BILL/CLAIMS file (#399).

Billing data from the current and one previous fiscal year, at a minimum, must be maintained on-line; however, the user may opt to maintain data from additional fiscal years, if desired.

The following criteria must be met to purge billing data.

Table 44: Common Actions

Action	Description
INTEGRATED BILLING ACTION File (pharmacy copayment actions)	The prescription that caused the action to be created must have been purged from the pharmacy database before the action may be archived. In addition, the bill must be closed in Accounts Receivable. The date the bill was closed is the date used to determine whether it will be included.
CATEGORY C	Only clocks with a status of CLOSED or
BILLING CLOCK file	CANCELLED and a clock end date prior to the selected time frame are included.
BILL/CLAIMS file	The bill must be closed in Accounts Receivable. The date the bill was closed is the date used to determine whether it will be included.

There are three steps involved in the archiving and purging of these files.

1. A search is conducted to find all entries that may be archived through the Find Billing Data to Archive option. The user selects which of the three files to include in the search. The entries found are temporarily stored in a sort (search) template in the SORT TEMPLATE file (#.401). An entry is also made to the IB ARCHIVE/PURGE LOG file

(#350.6). This log may be viewed through the Archive/Purge Log Inquiry and List Archive/Purge Log Entries options.

The List Search Template Entries option allows the user to view the contents of a search template. The user may delete entries from the search template using the Delete Entry from Search Template option.

2. The entries are archived using the Archive Billing Data option. It is highly recommended to archive the entries to paper (print to a non-slave printer) as there is currently no functionality to retrieve or restore data that has been archived.

3. The data is purged from the database using the Purge Billing Data option. The search template containing the purged entries is also deleted. An electronic signature code and the XUMGR security key are required to archive and purge data.

8.1.1.   Select Default Device for Forms

This option is used to select the default devices on which third party claim forms will print. The devices entered through this option will appear as the default devices when using options that generate these forms. Separate devices may be entered for each type of form.

The user will be prompted for the form type. To avoid making duplicate entries of the same form type, it is suggested to type <??> at this prompt to first view the selections.

The user will then be prompted for a default printer (in Billing) and a follow-up printer (in Accounts Receivable). The user **must** enter an Accounts Receivable default device for follow-ups for every form except the UB-82.

In order to utilize the Print Authorized Bills option on the Third-Party Billing Menu, the user must set up billing default printers for each form type through this option. Any form type not set up with a billing default printer will not print when utilizing the Print Authorized Bills option.

The billing default printer must be added for the BILL ADDENDUM form type for the addendums to automatically print for every HCFA-1500 bill with prescription refills or prosthetic items.

8.1.2.   Display Integrated Billing Status

The Display Integrated Billing Status option allows the user to view data from the IB SITE PARAMETER file and pertinent information about the status of the IB background filer. For further explanation of the IB site parameters, please refer to the Enter/Edit IB Site Parameters option documentation.

One or more of the following messages may appear:

- "The Integrated Billing filer has more than 10 transactions in the queue."

- "The Integrated Billing filer is not running and has transactions to file."

- "The Integrated Billing filer is late. It hasn't run since {date/time}."

If the second message appears, use the Start the Integrated Billing Background Filer option to start the filer. If the first or third message appear, recheck the status in a few minutes. If the message(s) persists or the "Number of Transactions in Queue" increases, use the Start the Integrated Billing Background Filer option to start the filer.

8.1.3. Enter / Edit IB Site Parameters

The Enter/Edit IB Site Parameters option allows the user to enter or edit the INTEGRATED BILLING SITE PARAMETER file.

The following is a list of the parameters that may be entered / edited through this option. It should be noted that modification of these parameters may affect the performance of the Integrated Billing background filer.

Table 45: IB Site Parameters

Parameter	Description
FACILITY NAME	The name of the facility from the INSTITUTION file (there must be a station number associated with this entry). This value will be used by IFCAP in determining the bill number.
FILE IN BACKGROUND	If set to YES, the background filer will run as a background job. If set to NO or left blank, filing will occur as applications pass data to Integrated Billing.
FILER UCI,VOL	The UCI and volume set where the user want the IBE filer to run. It is recommended that the filer run on the volume set that contains either the IB globals or the PRC globals. VAX sites should leave this field blank.
FILER HANG TIME	The number of seconds that the filer will remain idle after finishing all transactions and before checking for more transactions to file. The filer will shut itself down after 200 hangs with no activity detected. If this field is left blank, the default value is two.
COPAY BACKGROUND ERROR GROUP	The mail group to receive mail messages from the IBE filer when an unsuccessful attempt to file is detected. "IB ERROR" will be entered during installation and will appear as a default the first time this option is used; however, it may be edited to any mail group.
COPAY EXEMPTION MAIL GROUP	The mail group to receive the copay exemption messages. The mail group specified as the Copay Background Error Group will be entered during installation and will appear as the default the first time this option is used. It may be edited to any mail group.
USE ALERTS	If the facility has Version 7 or higher of Kernel installed, select whether to use alerts or bulletins for internal messages in Integrated Billing. The same mail group (Copay Background Error Group) will receive both alerts and bulletins. This functionality is only available for the Medication Copayment Exemption software; however, if this is a desirable feature it may be expanded in the future. If this field is left unanswered, it defaults to NO and IB will use bulletins.

Parameter	Description
CATEGORY C BILLING MAIL GROUP	Members of this mail group will receive messages when Means Test / Category C billing processing errors have been encountered and when movements and Means Tests for Category C patients have been edited or deleted. "IB CAT C" will be entered during installation and will appear as a default the first time this option is used; however, it may be edited to any mail group.
PER DIEM START DATE	The date that the facility informed Category C patients of the new per diem charges and began per diem billing. This field represents the earliest date for which the hospital ($10.00) or nursing home ($5.00) per diem charge may be billed to a Category C patient as mandated by Public Law 101-508 (implemented on November 5, 1990). Per diem billing will not occur if this field is left blank.
MEANS TEST BILLING MAIL GROUP	Members of this mail group will receive bulletins when Means Test billing processing errors have been encountered, and when movements and Means Tests have been edited or deleted for veterans that require Means Test charges.
IB MEANS TEST	Members of this mail group will receive messages to review the charge(s) for a patient with a National Category 1 High Risk for Suicide flag that were activated or inactivated on the previous day.

Sample Screen

```
Subj: IB SHRPE 'HRfS' IB charges review for 6/20/2018 [XXXXXXX] 06/20/18@18:24
11 linesFrom: INTEGRATED BILLING PACKAGE In 'IN' basket. Page 1

The following patient had the HRfS (Cat I) flag activated/inactivated,
and the following charges created on 6/19/2018 should be reviewed by
IB revenue staff:
Patient: IBPATIENT,BEIGHT Pt. ID: XXXXX
User: XXXXXXXXX
XXXXXXXX-THROAT LO-1 : XXX-XXXXXXX
OPT COPAYMENT : XXX-XXXXXXX
XXXXXXX-HALOPERIDO-1 : Pending
XXXXXXX-MICONAZOLE-1 (r): XXX-XXXXXXX
```

8.1.4. Inquire an IB Action

The Inquire an IB Action option provides a display of a captioned inquiry for a specified IB action. The purpose of this inquiry is to provide a quick reference of all the fields for all IB actions for a reference number.

8.1.5. Patient IB Action Inquiry

The Patient IB Action Inquiry option provides a brief display of IB actions for a selected patient and date range. The purpose of this inquiry is to provide a quick reference of all the fields for all IB actions for a patient.

8.1.6. Repost IB Action to Filer

The Repost IB Action to Filer option allows Integrated Billing action entries that did not successfully pass to Accounts Receivable to be reposted to the IB filer.

Though this option will seldom, if ever, be used, it allows transactions with a status of COMPLETE (which do not have an Accounts Receivable transaction number assigned) to be reposted.

If there is not enough data to repost the action or if the number selected already has an Accounts Receivable transaction number assigned to it, an appropriate message will be displayed, and the first prompt will be repeated. If the reposting is successful, the user will simply return to the first prompt.

8.1.7. Start the Integrated Billing Background Filer

When a filer job has terminated unexpectedly, this option may be used to force a filer to start running.

If a filer is currently running, the following message will be displayed:

```
"<<<<WARNING!!! Filer appears to have been started on (date/time)>>>>"
```

The user will then be given the option of starting a second filer.

8.1.8. Stop the Integrated Billing Background Filer

This option may be used to shut down the IB background filer. The filer will cease when it has finished processing all its known transactions. Processing with Accounts Receivable will then be accomplished in the foreground.

When the user shutdown the filer through this option, the FILE IN BACKGROUND site parameter is automatically edited to NO. The IB engine will file in the foreground until that parameter is edited to YES through the Enter/Edit IB Site Parameters option.

8.1.9. Verify RX Co-Pay Links

The Verify RX Co-Pay Links option compares the soft link stored in Integrated Billing with the pointer in the PRESCRIPTION file pointing back to Integrated Billing to provide a display/printout of all integrated billing actions that do not verify for a selected range of reference numbers.

Means Test charges may appear on this report if listed in the B cross-reference when there is no actual entry for the reference (this should rarely happen) or if the Means Test charge has no soft link.

This option should be used as a tool for resolving problems. False errors may be reported for several legitimate occurrences, such as the RX was deleted, or the copay cancelled.

The Cerner entries for Rx Co-Pay use an HL7 connection. The Logical Link is IBARXCVDF. Failure of a message to or from Cerner will generate an error in the HL7 Log, but will still appear in this list. There is no other difference with the Cerner Rx Co-Pay process than the method of communication to Cerner.

Sample Output

```
Verify Integrated Billing links to Pharmacy          APR 10, 1991   Page:1
Verify IB Reference Number 5001 to 50010
REF. NO.    PATIENT                    SSN   RX#       REFILL    IB LINK
CHARGE ID   TRANS ERROR MESSAGE
-----------------------------------------------------------------------
XXXX        IBpatient,one         XXXX  RX#XXX 120             52:125
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX        IBpatient,two         XXXX  RX#XXXXXX 51           52:111125;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX        IBpatient,three       XXXX  RX#XXXXXX 1            52:111128;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX        IBpatient,four        XXXX  RX#XXXXXX 99991        52:111199;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX        IBpatient,five        XXXX  RX#XXX 120             52:125
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX        IBpatient,six         XXXX  RX#XXXXXX 51           52:111125;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX        IBpatient,seven       XXXX  RX#XXXXXX 1            52:111128;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX        IBpatient,eight       XXXX  RX#XXXXXX 1            52:111128;1:1
XXX-XXXXXX X      IB CROSS-REFERENCE BUT NO ENTRY
XXXXX       IBpatient,nine        XXXX  RX#XXXXXX 99991        52:111199;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
```

8.1.10. Forms Output Utility

This option displays a list of local forms defined for the site and the associated actions allow the user to add local forms and data elements and to override specific fields on a local form associated with the national one. It also allows the user to define a local SCREEN 9 for bill data entry.

- **List of Local Forms Screen**

  - Add Local Form

    This action allows the user to define local output billing forms and local input data screens that are not supported nationally but are needed for specific insurance companies or bill types. It provides the ability to create new forms/screens from scratch, as well as provides for two ways to easily create a new form "copy" based on an existing nationally released form.

    The WANT TO ASSOCIATE THIS FORM WITH A NATIONAL FORM? field allows the user to associate a new local form with a nationally released form without copying any data. This association allows each site to create a local form, but only require modifications to the fields of the form that are different from the nationally released definitions. Any form field definition that is not changed on the local form will continue to use the standard national definition. Any changes from the national definition, however, will be stored as local entries that, when a bill is generated using this local form definition, will override the nationally released definition for these changed fields only. This way, data changes can be made without the site having to take responsibility for maintaining the entire form. Only forms that have the same BASE FILE NUMBER and FORM TYPE can be copied. Any local changes made must be tracked carefully as the site will be responsible for maintaining any locally modified fields should future changes

become necessary. Since unmodified fields still rely on the national form for definition, any changes made via a nationally released update to unmodified fields on the form will be automatically incorporated into a local form definition associated with a national form definition.

The WANT TO COPY ALL FIELDS FROM AN EXISTING FORM? field allows a straight copy, where the field definitions for a selected form are all copied into new entries referencing the new local form. Any local form created via an "unassociated" copy will have NO link back to the national form once the copy is completed.

Since no changes to nationally released software will be made to these local entries, the user is free to modify the new form definition in whatever way needed and is responsible for all changes that are made or will need to be made in the future.

- Form View / Edit

   Allows the user to view and edit a selected form. This action brings the user to the Detailed View of Local Form Screen. See below.

- Add / Edit Local Data Elements

   Allows the user to define local data elements that are not supported nationally but are needed to be included on one or more local billing form(s). Nationally released data element definitions CANNOT be modified via this action.

- View Data Element

   Allows the user to view the description, extract code, and other attributes of any data element defined at the site, both national and local.

- Test Form

   Allows the user to test the output of a selected form.

- **Detailed View of Local Form Screen**

   - Edit Local Form Demographics

      Allows the user to edit the name, description, pre and post processing logic and the extract and output logic for local forms.

   - Delete A Local Form

      Allows the user to delete a locally defined form. When the form is deleted, all form fields and form field definitions (not data element definitions) associated with that form are also deleted.

   - Edit Form Fields

      Allows the user to edit the field content defined for a local form associated with a national form that has local "override" field content definitions; or to edit any local, unassociated form field's form position data and field content definitions. This action brings the user to the Bill Form Fields Screen. See below.

- Switch Form

  Allows the user to switch between forms without exiting the option.

- **Bill Form Fields Screen**

  - Add Local / Override Field

    Allows the user to add fields to a local unassociated form and allows the addition of 'override' fields for local modifications to any form.

  - Delete Local Form Field

    Allows the user to delete the 'override' form field content definitions for a local form associated with a national form or to delete any fields defined for an unassociated local form that do not have override fields defined (the user must delete any override fields first).

  - Edit Local Form Field

    Allows the user to edit the field content for a local form such as page or sequence, first line number, starting column or piece, maximum number of lines, short description, etc.

  - Local Field Content Definition

    Allows the user to edit the "override" form field content definitions for a local form associated with a national form, or to edit the form field content of any field on an unassociated local form.

  - Add / Edit Local Data Elements

    Allows the user to define local data elements that are not supported nationally but are needed to be included on one or more local billing form(s). Nationally released data element definitions CANNOT be modified via this action.

  - View Data Element

    Allows the user to view the description, extract code, and other attributes of any data element defined at the site, both national and local.

  - View Form Fields

    Allows the user to view the composition of a local 'override' or national form field for a local form. This includes both the form field's form position data as well as the associated form field content definition.

Example 1 - CUSTOM BILL PRINT

The site needs to print the total charge, not unit charge, in Block 24F on the HCFA 1500.

1. If there is not currently a local form defined for the HCFA 1500, use the ADD A LOCAL FORM option to add a form that will become the local HCFA 1500. Base file will be 399, print form type will be P (printed). Respond Yes to associate with national form question and choose the HCFA 1500 as the parent form. Give it a form length of 66 and enter a short description like Local 1500. Since this form is now "associated" with the national HCFA 1500 form, all the fields will default to the definition provided by the

national HCFA 1500 form when the bills are printed. The only time to change the pre and post processing, edit or output routines, is if the user does not want the national defaults, but wants to write on the users own. Be very careful of any change to these executable fields.

2. Select View Form and, if prompted for selection, enter the local HCFA 1500 form sequence # from the list displayed. This will display the general characteristics of this form.

3. Choose the Edit Form Fields action (FF). This will display a list of the form fields that make up this form.

4. Press return for NEXT SCREEN until the field CHARGES (BX-24F) appears in the field list.

5. The charge field is a data element that is not able to be extracted on its own. Its value depends on the "line" within box 24 that it will print on because it depends on revenue, code, date, etc. This kind of data element is considered part of a "group" element and that group element must be extracted before any of its group member data element can be output. The group data element for charges is N-HCFA 1500 SERVICES (PRINT). If the user utilizes the View Data Element option and enter this group element name, it sets up the array, IBXSAVE ("BOX24", line #) for later use by its group member elements. The user will also see that the 9th "^" piece of this array is the # of units. This is a calculate only field (no output from it when it is processed).

6. Select the Add Local/Override Field option and enter the sequence number of the CHARGES field.

7. Respond Yes to OK? prompt and to the copy over from the original field question. This is always a good idea so the user can see what the original format of the field was.

8. Leave the data element field the same and do not enter an insurance company or bill type unless the user wants to restrict this change to a specific insurance company and / or bill type.

9. Now change the format field to multiply the value of charges (in variable IBXDATA (line #)) by the value of the units on the corresponding line # (in the 9th "^" piece of IBXSAVE ("BOX24", line #)).

    Replace $J(IBXDATA(Z) With
    $J(IBXDATA(Z)*$P($G(IBXSAVE("BOX24",Z)),"^",9)

10. Now modify the format description to reflect the change just made, and the override of the field is complete.

11. To make the formatter print the local copy of the HCFA 1500, use the IRM menu option, Select Default Device for Forms, and enter the name of the local form as the value of the PRINT FORM field. The next time a HCFA 1500 bill prints, it will print the charges as total charges, not a unit charge.

Example 2 - LOCAL SCREEN 9

The site needs to print the provider's phone number in Form Locator 11 on the UB-92 for inpatient bills for insurance company Blue Cross of East Wherever and this data is not currently captured in VistA.

There are several steps involved in this task. First, the user must set up a local field for this data in the bill / claims file and define a local data element in the forms data element file, then create or modify a local Screen 9 to enable the clerks to input this data for this insurance company's bills. The user then needs to edit the local UB-92 print form to include this data in Form Locator 11 for this insurance company and attach this local Screen 9 to the national UB-92 bill form. Only the steps for the creation of local Screen 9 are included here.

1. Use FileMan to add a local form field, numbered at least 10000 and stored on a numeric node of at least 10000 for this new data element. These are the only kind of fields that can be INPUT on a local Screen 9 (any field can be displayed).

2. Using the output formatter, select the Add/Edit Local Data Elements action. Enter a name for this new data element. Only national fields can start with N-, so any other name is valid. Set the base file to 399 and the type of element to "F" (FileMan). Type the name that the user gave the local field in step 1 as the FileMan field reference. Make sure the user types it correctly as no edit checks are made on the field at this point. For FileMan return format, use "I" if the user wants the "raw" data returned or "E" if the user wants FileMan to return it in display format. Then enter a description of the field to identify the list of local data elements.

3. Again, using the output formatter, if there is not currently a local form defined for local Screen 9 for the national UB-92 form, use the ADD A LOCAL FORM option to add this form. Base file will be 399, print form type will be S (screen). Respond No to associate with national form question and to the copy fields form another form question. Enter a short description. For now, do not put any code in the form pre and post processing fields. Code can be written to do edits for the data on the screen that will prevent it from being authorized unless the edits are passed (post-processing). The pre-processing is used to set up any variables that may be needed to process this screen. The pre-processing is executed before the screen is displayed; the post-processing takes place after the standard authorize edits are executed upon leaving the bill.

4. Select View Form (VF) and, if prompted for selection, enter the local UB-92 screen form sequence #. This will display the general characteristics of this form.

5. Choose the Edit Form Fields action (FF). This will display a list of the form fields that make up this form or, if a new form, will display "No fields currently defined for this form".

6. Choose Add Local/Override Field action (AF). If there are any fields already defined for this screen, there will be a prompt to allow the user to override an existing field. Respond No if this question is asked. Respond 1 for page / seq then enter the number of the line on the screen where the user wants to prompt for this field to appear and the column the prompt should start in. Skip max # of lines since this data element can have only one value per bill. Enter a length for the field and it should be long enough to hold the data and its prompt if one is desired. Leave pad as none and edit status as editable. Give it an

edit group number that is different from any other group that may already be on the screen. For this data element, assume the field will be output exactly as it is stored, so no format code is needed.

7. Now follow steps 1-3 in the first example but use the UB-92 national form wherever it says to use the HCFA 1500.

8. Press return for NEXT SCREEN until the field FORM LOCATOR 11 (FL-11/1) appears in the field display area.

9. Select the Add Local/Override Field action and enter the sequence number of the FORM LOCATOR 11 (FL-11/1) field.

10. Respond Yes to OK? prompt and No to the copy over from the original field question. This is OK in this case because the new data element is a single-valued field that has absolutely nothing to do with the field it is overriding.

11. Enter the name of the local data element for the provider phone number in the data element field. Enter the BLUE CROSS of EAST WHEREVER insurance company name at the insurance company prompt. Enter bill type as inpatient to restrict this change to a specific bill type for this one insurance company. There is no need to enter Format code or description as we're assuming the data is displayed the same way it is stored in the database. If the user wants it displayed with dashes, but store just the numeric, reformat it using M code here. Make sure there is a FileMan input transform on the data field to strip out the dashes before it stores it. This will now be the override field output for inpatient bills for the BL CR of EAST WHEREVER insurance company's form locator 11.

12. To make the formatter print the local copy of the UB-92 and to associate this local Screen 9 with the UB-92 form type, use the IRM menu option, Select Default Device For Forms, and enter the name of the local form as the value of the PRINT FORM field and the name of the local UB-92 Screen 9 as the local form just created/edited.

13. The next time a UB-92 bill is entered/edited whose insurance company is BL CROSS of EAST WHEREVER, there will be a Screen 9 available to allow entry of the provider phone #. This field will also print on the UB-92 as the first line in Form Locator 11 when the bill is printed.

8.2. Purge Menu

8.2.1. Purge Update File

The XUMGR security key is required to access this option.

The Purge Update File option is used to delete all CPT entries in the temporary file, UPDATE BILLABLE AMBULATORY SURGICAL CODE (#350.41) that have been successfully transferred to the permanent file, BILLABLE AMBULATORY SURGICAL CODE (#350.4). Upon completion, a total number of entries deleted is provided.

If the UPDATE BILLABLE AMBULATORY SURGICAL CODE file is not purged, the next file transfer through the Run Amb. Surg. Update option, all entries previously transferred successfully will show as errors under: "Codes already have entries for given effective date" and "Codes unable to transfer."

8.2.2. Archive Billing Data

The XUMGR security key and an electronic signature code are required to complete the archive process.

This option is used to archive data contained in search templates. Search templates are created from the INTEGRATED BILLING ACTION file (#350) (pharmacy copayment transactions only), the CATEGORY C BILLING CLOCK file (#351), and / or the BILL/CLAIMS file (#399) using the Find Billing Data to Archive option. Select which of the files to archive.

It is recommended the user archive the entries to paper (print to a device) as there is currently no functionality to retrieve or restore archived data.

The archive process is automatically queued. All data elements in the file for each entry in the search template are archived.

The user will be notified of the results via electronic mail. The ARCHIVE/PURGE LOG file (#350.6) is updated when the purge is completed. The log # provided in the mail message may be used for inquiries to this file.

Sample Message

```
Subj: INTEGRATED BILLING ARCHIVING OF BILLING DATA  [#109348] 24 Jun 92 15:32  8 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
-------------------------------------------------------------------------------
The subject job has yielded the following results:
                                 Archive            Archive        # Records
File                      Log#  Begin Date/Time   End Date/Time    Archived
-------------------------------------------------------------------------------
CATEGORY C BILLING CLOCK   120  06/24/92@15:29:26 06/24/92@15:51:07   235
BILL/CLAIMS                121  06/24/92@15:51:10 06/24/92@16:32:39   463
Select MESSAGE Action: IGNORE (in IN basket)//
```

Sample Outputs

```
Archived CATEGORY C BILLING CLOCK          JUN 24, 1992@15:29:28       Page: 1
-------------------------------------------------------------------------------
REFERENCE NUMBER: 50045    PATIENT: IBpatient,one
  CLOCK BEGIN DATE: JAN 11, 1986 STATUS: CLOSED
  1ST 90 DAY INPATIENT AMOUNT: 1738.00  NUMBER INPATIENT DAYS: 2
  CLOCK END DATE: JAN 10, 1987
REFERENCE NUMBER: 50178    PATIENT: IBpatient,two
  CLOCK BEGIN DATE: MAR 16, 1989 STATUS: CANCELLED
  1ST 90 DAY INPATIENT AMOUNT: 754.00   NUMBER INPATIENT DAYS: 1
  CLOCK END DATE: MAR 17, 1989   USER ADDING ENTRY: JOHN
  DATE ENTRY ADDED: MAR 19, 1989
Archived BILL/CLAIMS                        JUN 24, 1992@15:30:30       Page: 1
-------------------------------------------------------------------------------
ACCOUNTS RECEIVABLE NUMBER: XXX-XXXXX   BILL NUMBER: XXXXX
PATIENT NAME: IBpatient,one       EVENT DATE: NOV  3, 1988
LOCATION OF CARE: HOSPITAL (INCLUDES CLINIC) - INPT. OR OPT.
BILL CLASSIFICATION: OUTPATIENT
TIMEFRAME OF BILL: ADMIT THRU DISCHARGE CLAIM
RATE TYPE: MEANS TEST/CAT. C     WHO'S RESPONSIBLE FOR BILL?: PATIENT
STATUS: PRINTED     STATUS DATE: JAN 30, 1990
PRIMARY BILL: XXXXXX      SC AT TIME OF CARE: YES
FORM TYPE: UB-82
MAILING ADDRESS NAME: ONE IBPATIENT
MAILING ADDRESS STREET: 123 MAIN STREET
MAILING ADDRESS CITY: ANYTOWN     MAILING ADDRESS STATE: ANYTOWN
```

```
MAILING ADDRESS ZIP CODE: 12208
NUMBER: 500   REVENUE CODE: 500
CHARGES: 127.00     UNITS OF SERVICE: 1
TOTAL: 127.00BEDSECTION: OUTPATIENT VISIT
DATE ENTERED: NOV  3, 1988
ENTERED/EDITED BY: RICHARD
INITIAL REVIEW: YES INITIAL REVIEW DATE: NOV  3, 1988
INITIAL REVIEWER: RICHARD
SECONDARY REVIEW: YES     SECONDARY REVIEW DATE: NOV  3, 1988
SECONDARY REVIEWER: RICHARD
AUTHORIZE BILL GENERATION?: YES  AUTHORIZATION DATE: NOV  3, 1988
AUTHORIZER: RICHARD DATE FIRST PRINTED: NOV  3, 1988
FIRST PRINTED BY: RICHARD
DATE LAST PRINTED: NOV  3, 1988  LAST PRINTED BY: RICHARD
STATEMENT COVERS FROM: NOV  3, 1988     STATEMENT COVERS TO: NOV  3, 1988
IS THIS A SENSITIVE RECORD?: NO  BC/BS PROVIDER #: XXXXXXXX
TOTAL CHARGES: 127.00     FISCAL YEAR 1: 89
FY 1 CHARGES: 127.00
```

8.2.3.   Archive / Purge Log Inquiry

The XUMGR security key is required to access this option.

This option is used to provide a full inquiry of any entry in the IB ARCHIVE/PURGE LOG file (#350.6). Once the user enters the log #, all fields in the file for the selected entry will be displayed.

This output may be used to determine the status of a search template, whether archiving or purging has been completed, and who completed the search and / or archive / purge. The number of records, log status, initiator, and begin and end time for each of the three stages of the process (if applicable) are provided. The number of records found, archived, or purged will differ if records are deleted from the search template between processing steps.

Sample Output

```
LOG #: 121   BILL/CLAIMS                          JUN 24, 1992@17:38:16
=======================================================================
         Search Template : IB ARCHIVE/PURGE #121
         # Records Purged : 33
              Log Status : CLOSED
 Search Begin Date/Time : JUN 24, 1992@14:51:38
   Search End Date/Time : JUN 24, 1992@15:24:08
       Search Initiator : EMPLOYEE
Archive Begin Date/Time : JUN 24, 1992@15:40:10
  Archive End Date/Time : JUN 24, 1992@16:15:39
      Archive Initiator : EMPLOYEE
  Purge Begin Date/Time : JUN 24, 1992@16:32:47
    Purge End Date/Time : JUN 24, 1992@17:10:05
       Purge Initiator : EMPLOYEE
```

8.2.4.   Delete Entry from Search Template

Once an entry meets the search criteria to be archived and subsequently purged and has been included in a search template, this option may be used to remove the entry from the template and prevent it from being purged. This option might be used for entries that meet the search criteria but because of unusual circumstances must be maintained on-line.

If more than one search template exists, it will be displayed for selection. Once selected, all records in that template will be displayed. The user will then be allowed to choose which records to delete from the template.

8.2.5. Find Billing Data to Archive

The Purge Menu and this option are locked with the XUMGR security key.

This option is used to identify records that meet the criteria to be archived and purged from the INTEGRATED BILLING ACTION file (#350), the CATEGORY C BILLING CLOCK file (#351), and the BILL/CLAIMS file (#399). Entries that are selected to be archived and subsequently purged are placed in a search (sort) template in the SORT TEMPLATE file (#.401). These entries may be viewed / printed through the List Search Template Entries option.

The user opts to which of the three files to include in the search and specify a different archive / purge time frame for each file; however, a minimum of the current plus one previous fiscal year must be maintained on-line. In cases where interim claims exist, the claim may only be archived / purged if the final claim can be archived / purged.

The following criteria must be met for the prescription, clock, or bill to be included.

Table 46: Common Actions

File	Description
INTEGRATED BILLING ACTION File (pharmacy copay actions)	The prescription that caused the action to be created must have been purged from the pharmacy database before the action may be archived. In addition, the bill must be closed in Accounts Receivable. The date the bill was closed is the date used to determine whether it will be included.
BILLING CLOCK File	Only clocks with a status of CLOSED or CANCELLED and a clock end date prior to the selected time frame are included.
BILL/CLAIMS File	The bill must be closed in Accounts Receivable. The date the bill was closed is used to determine whether it will be included. The search is automatically queued, and the user is notified of the results via electronic mail. An entry is made in the ARCHIVE/PURGE LOG file (#350.6) each time a search template is created. The log # provided in the mail message may be used for inquiries to this file.

Sample Message

```
Subj: INTEGRATED BILLING SEARCH OF BILLING DATA  [XXXXXXX] 16 Dec 93 14:41
  8 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
-------------------------------------------------------------------------
The subject job has yielded the following results:
                              Search             Search         # Records
File                   Log#  Begin Date/Time     End Date/Time    Found
-------------------------------------------------------------------------
CATEGORY C BILLING CLOCK   154  12/16/93@14:40:50  12/16/93@14:40:54    82
BILL/CLAIMS                155  12/16/93@14:40:55  12/16/93@14:40:58     1
Select MESSAGE Action: IGNORE (in IN basket)//
```

8.2.6. List Archive / Purge Log Entries

The XUMGR security key is required to access this option.

This option is used to list all log entries in the IB ARCHIVE/PURGE LOG file (#350.6). Entries are listed in the order added to the file. A new entry is filed each time a new search template is created through the Find Billing Data to Archive option. The log number, archive file, date created, initiator, and status is provided for each entry.

For a more detailed display on specific entries, please use the Archive/Purge Log Inquiry option.

Sample Output

```
INTEGRATED BILLING ARCHIVE/PURGE LOG ENTRIES   JUN 25,1992  07:57    PAGE 1
                             DATE
LOG#  ARCHIVE FILE           CREATED    INITIATOR                 STATUS
-----------------------------------------------------------------------------
1     INTEGRATED BILLING ACTION  05/01/92  IBpatient,one          CLOSED
2     CATEGORY C BILLING CLOCK   05/01/92  IBpatient,two          CANCELLED
3     CATEGORY C BILLING CLOCK   05/01/92  IBpatient,three        CLOSED
4     BILL/CLAIMS                05/01/92  IBpatient,four         CLOSED
5     INTEGRATED BILLING ACTION  06/01/92  IBpatient,five         CLOSED
6     CATEGORY C BILLING CLOCK   06/01/92  IBpatient,six          CLOSED
7     BILL/CLAIMS                06/01/92  IBpatient,seven        CLOSED
8     INTEGRATED BILLING ACTION  07/02/92  IBpatient,eight        CLOSED
9     CATEGORY C BILLING CLOCK   07/02/92  IBpatient,nine         CANCELLED
10    BILL/CLAIMS                07/02/92  IBpatient, ten         CLOSED
```

8.2.7. List Search Template Entries

A search template is created in the SORT TEMPLATE file (#.401) each time the Find Billing Data to Archive option is used. The List Search Template Entries option is used to list all entries in a search template that are scheduled to be archived and subsequently purged. This list may be used to review entries and ensure entries are included in the archive / purge of the file. If the user has an entry that meets the purge criteria, but due to unusual circumstances must be maintained on-line, it may be deleted from the search template through the Delete Entry from Search Template option.

If more than one template exists, these templates will be listed for selection. The output may be sorted by patient as well as an additional specified field. <??> may be entered for a list of appropriate fields for selection and additional commands that may be used to customize the list. The selectable fields differ depending on the file. The user will be prompted to enter a range for patient name(s) and the additional field (if selected). If the user accepts the default of FIRST, the system will assume to include all entries.

The fields included in the display will depend on which of the three files the template is created from. The patient's name and status are displayed for all three files. The INTEGRATED BILLING ACTION file (#350) also displays a brief description of the pharmacy prescription and the date it was added to the field. The CATEGORY C BILLING CLOCK file (#351) displays the clock begin and end dates. The BILL/CLAIMS file (#399) displays the rate type and status date.

Sample Output

```
CATEGORY C BILLING CLOCK SEARCH TEMPLATE      JUN 23,1992  16:35    PAGE 1
                                  CLOCK BEGIN             CLOCK END
PATIENT                           DATE        STATUS      DATE
----------------------------------------------------------------------------
IBpatient,one                     JUN 28,1988  CLOSED     JUN 27,1989
IBpatient,two                     MAY 30,1989  CANCELLED  MAY 29,1990
IBpatient,three                   MAR 15,1989  CLOSED     MAR 14,1990
IBpatient,four                    SEP  1,1988  CLOSED     AUG 31,1989
IBpatient,five                    JAN  2,1989  CLOSED     JAN  1,1990
```

8.2.8. Purge Billing Data

This option is used to purge data from the INTEGRATED BILLING ACTION file (#350) (pharmacy copayment transactions only), the CATEGORY C BILLING CLOCK file (#351), and / or the BILL/CLAIMS file (#399). For entries to be purged, they must first be stored in a search template created by the Find Billing Data to Archive option and archived through the Archive Billing Data option. If there is more than one search template created and archived, select which file(s) to purge.

The XUMGR security key and an electronic signature code are required to complete the purge process. The purge is automatically queued, all data elements in the file for each entry in the search template are purged, and the search template is deleted.

The user will be notified of the results via electronic mail. The ARCHIVE/PURGE LOG file (#350.6) is updated when the archive is completed. The log # provided in the mail message may be used for inquiries to this file.

Sample Message

```
Subj: INTEGRATED BILLING PURGING OF BILLING DATA  [XXXXXXX] 24 Jun 92 15:41
  8 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
----------------------------------------------------------------------------
The subject job has yielded the following results:
                              Purge            Purge         # Records
File                    Log#  Begin Date/Time  End Date/Time   Purged
----------------------------------------------------------------------------
CATEGORY C BILLING CLOCK  120  06/24/92@15:35:56 06/24/92@15:50:29   235
BILL/CLAIMS               121  06/24/92@15:50:47 06/24/92@16:41:05   463
Select MESSAGE Action: IGNORE (in IN basket)//
```

8.3. Charge Master IRM Menu

8.3.1. Load Host File into Charge Master

This option allows new rates and charges to be added to the Charge Master form host files. This is only available for specific rates and charges. The Host file must be in a predefined format to be read correctly.

The following is a list of available choices.

- Load CMAC into XTMP - Upload the CMAC from a host file.

- Load AWP into XTMP - Upload Average Wholesale Price list from a host file.

- Assign Charge Set - Assign charges loaded into XTMP to Charge Sets.

- Check Data Validity - Check files waiting to be loaded into the Charge Master for data validity.

- Load into Charge Master - Check files waiting to be loaded into the Charge Master for data validity and upload files.

- Delete XTMP files - Delete files in XTMP.

8.3.2.   Rate Schedule Adjustment Enter / Edit

This option allows the enter / edit of the Rate Schedule Adjustment field (#363.10). This field causes all charges for a schedule to be adjusted by a site defined amount. It requires M-code that is executed to provide the adjusted amounts and therefore, requires programmer access (DUZ(0)="@").

This Adjustment will have an immediate effect on the charges of the Rate Schedule. The user can confirm the adjustment with a Yes response, deny the adjustment with a No response, or enter '^' to exit the option and not change the adjustment.

8.3.3.   RC Change Facility Type

This option allows a site to change the Facility Designation of a division for which charges have been installed from Provider Based to Non-provider Based or vice versa. This entails multiple steps to inactivate the existing charges and then calculate and load the new charges.

8.3.4.   Start the CHAMPUS Rx Billing Engine

This option is used by IRM personnel to queue the background filer. Several parameters must be set before this job can be queued to run; if not set, the job will not be queued. This job will cause four jobs to be queued. The first job is the background filer itself. After this job has been queued and has successfully opened a TCP / IP channel with the RNA system, this job will queue off a secondary filer job. If the first job aborts in any way, the secondary filer will assume the responsibilities of the primary filer and spawn another secondary filer. The option also directly queues a second job to open a separate TCP / IP channel with the RNA system to receive updates of the Average Wholesale Pricelist (AWP). This update is normally received weekly. The AWP Update job will also spawn a secondary job, in a manner like the background filer, which will take over for the primary AWP update job if that job aborts.

NOTE: After the AWP Update is received, members of the IB CHAMP RX START mail group will receive an alert notifying the user that the update has completed.

8.3.5.   Stop the CHAMPUS Rx Billing Engine

This option may be used to gracefully shut down the billing engine if a planned system shutdown is scheduled to occur, or if the RNA system is scheduled to be shutdown. The option sets a flag that calls for both the background filer and AWP update engine to stop running. The secondary jobs for both jobs will shut down as well.

8.3.6. Edit the CIDC Insurance Switch

The IB SUPERVISOR security key is required to access this option.

This option is used to edit the Clinical Indicators Data Capture (CIDC) insurance switch. The CIDC switch controls how CIDC will function in related VistA applications.

Depending on how the parameter is set, users who hold a PROVIDER KEY will, or will not be prompted with CIDC questions.

The following list are the parameters for the CIDC switch. The default is set to '0'. Changing this default parameter will affect how other CIDC related applications interact with both Providers and Back Door users.

- 0 = Do not prompt any patients (CIDC prompts do not appear).

- 1 = Prompt patients only with active billable insurance (CIDC prompts appear; conditional).

- 2 = Prompt for all patients (CIDC prompts appear).

9. APPENDIX B - Acronyms and Abbreviations

The following table provides definitions and explanations for terms and acronyms relevant to the content presented within this document. For additional terms and acronyms, include references to other VA acronym and glossary repositories (e.g., VA Acronym Lookup and OIT Master Glossary).

Table 47: Acronyms and Abbreviations

Acronym or Term	Definition / Explanation
AC	Add Charges
Admission Sheet	Worksheet commonly used in front of inpatient charts with a workspace available for concurrent reviews.
ALOS	Average Length of Stay.
AMIS	Automated Management Information System
AR	Accounts Receivable
Automated Biller	Utility that establishes third party bills with no user intervention.
AWP	Average Wholesale Pricelist
Background Filer	A background job that accumulates charges and causes adjustment transactions to a bill.
BASC	Billable Ambulatory Surgical Code.
Billing Clock	A 365-day period, usually beginning when a patient is Means Tested and is placed in Category C, through which a patient's Means Test charges are tracked. An inpatient's Medicare deductible copayment entitles the patient to 90 days of hospital/nursing home care. These 90 days must fall within the 365-day billing clock.
CMAC	CHAMPUS Maximum Allowable Charges
Category C Patient	Those patients responsible for making copayments as a result of Means Test legislation.
CC	Community Care
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services; former TRICARE
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
Check-off Sheet	A site-configurable printed form containing CPT codes, descriptions, and dollar amounts (optional). Each check-off sheet may be assigned to an individual clinic or multiple clinics.
CIDC	Clinical Indicators Data Capture
Claims Tracking	Module that allows for the tracking of an episode of care, from scheduling through final disposition of the bill.

Acronym or Term	Definition / Explanation
Collateral Visit	A visit by a non-veteran patient whose appointment is related to or associated with a patient's treatment.
Continuous Patients	Continuously hospitalized at the same level of care Patient since July 1, 1986.
Converted Charges	During the conversion, the BILLS/CLAIMS file (#399) is checked to ensure that each outpatient visit has been billed. For each visit without an established bill, one is established and given a status of CONVERTED.
Copayment	The charges, required by legislation, that a patient is billed for services or supplies.
CPT	Current Procedural Terminology - A coding method developed by the American Hospital Association to assign code numbers to procedures that are used for research, statistical, and reimbursement purposes.
CSA	Claim Status Awaiting Resolution
Diagnosis Code	A numeric or alpha-numeric classification of the terms describing medical conditions, causes, or diseases.
DOS	Date of Service
EDI	Electronic Data Interchange (EDI)
eIV	Electronic Insurance Verification
Encounter Form	A paper form used to display data pertaining to an out-patient visit and used to collect additional data pertaining to that visit.
ERA	Electronic Remittance Advice
FI	Fiscal Intermediary – the company with which a Tricare patient holds Tricare insurance coverage).
Form Locator	A block on the UB-82 or UB-92 bill form.
FR	Facility Revenue
HCFA	Health Care Finance Administration
HCFA-1500	AMA approved health insurance claim form used for outpatient third party billings.
HINQ	Hospital Inquiry
HPID	Health Plan Identifier
IB	Integrated Billing
ICD	International Classification of Disease

Acronym or Term	Definition / Explanation
ICD-9	International Classification of Diseases, Ninth Modification: A coding system designed by the World Health Organization to assign code numbers to diagnoses and procedures for statistical, research, and reimbursement purposes.
ICD-10	International Classification of Diseases, Tenth Modification A coding system designed by the World Health Organization to assign code numbers to diagnoses and procedures for statistical, research, and reimbursement purposes.
IIU	Interfacility Insurance Update
Integrated Billing Action	The billing record of an event or an increase/decrease in the charges related to an event. An event is any billable goods or services provided by the VA.
Interqual Criteria	A method of evaluating appropriateness of care.
IVM	Income Verification Match
Locality Rate Modifier	The Geographic Wage Index that is used to account for wage differences in different localities when calculating the ambulatory surgery charge. It is multiplied by the wage component to get the final geographic wage component of the charge.
LTC	Long Term Care
MAS	Medical Administration Service
MCCF	Medical Care Collections Fund
MCCR	Medical Care Cost Recovery - The collection of monies by the Department of Veterans Affairs (VA).
Means Test	A financial report used to determine if a patient may be required to make copayments for care.
MISSION	Maintaining Internal Systems and Strengthening Integrated Outside Networks Act
MOH	Medal of Honor
MRW	Medicare Remittance Advice Worklist
NDC	National Drug Code
NHCU	Nursing Home Care Unit
OEID	Other Entity Identifier.
OIT	Office of Information and Technology
OTH	Other Than Honorable
PDOD	Payer Date of Death Report
PI	Patient Insurance

Acronym or Term	Definition / Explanation
Principal Diagnosis	Condition, established after study, to be chiefly responsible for the patient's admission.
Provider	A person, facility, organization, or supplier that furnishes health care services.
PTF	Patient Treatment File
QM	Quality Management
Reimbursable Insurance	Health insurance that will reimburse VA for the cost of medical care provided to its subscribers.
Revenue Code	A code on a third-party bill identifying a specific accommodation, ancillary service, or billing calculation.
ROI	Release of Information
SSN	Social Security Number
Stop Code	A three-digit number corresponding to an additional stop / service a patient received in conjunction with a clinic visit. Stop code entries are used so that medical facilities may receive credit for the services rendered during a patient visit.
TAS	Transaction Applications Suite
TCP/IP	Transmission Control Protocol / Internet Protocol
Third Party Billings	Instances where a party other than the patient is charged.
TPJI	Third Party Joint Inquiry
UB-82	AMA approved health insurance claim form previously used for third party billings.
UB-92	AMA approved health insurance claim form used for third party billings.
UC	Urgent Care - A visit to a local health care facility approved by VA for non-emergent health situations authorized under the MISSION Act of 2018 legislation.
UR	Utilization Review - Review carried out by allied health personnel at predetermined times during the hospital stay to assess the appropriateness of care.
VA	Department of Veterans Affairs
VACO	VA Central Office
VBA	Veterans Benefits Administration
VFA	Veterans Financial Assessment Project
VHA	Veterans Health Administration
VistA	Veterans Health Information System and Technology Architecture

Acronym or Term	Definition / Explanation
VAMC	VA Medical Center
Wage Percentage	The percentage of the rate group unit charge that is the wage component to be used in calculating the HCFA charge for ambulatory surgical procedures.
XPIR	Expire Group Plan

10. Military Time Conversion Table

Table 48: Military Time Conversion Table

Standard	Military
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
9:00 PM	2100 HOURS
8:00 PM	2000 HOURS
7:00 PM	1900 HOURS
6:00 PM	1800 HOURS
5:00 PM	1700 HOURS
4:00 PM	1600 HOURS
3:00 PM	1500 HOURS
2:00 PM	1400 HOURS
1:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
9:00 AM	0900 HOURS
8:00 AM	0800 HOURS
7:00 AM	0700 HOURS
6:00 AM	0600 HOURS
5:00 AM	0500 HOURS
4:00 AM	0400 HOURS
3:00 AM	0300 HOURS
2:00 AM	0200 HOURS
1:00 AM	0100 HOURS

11. List Manager Appendix

The List Manager is a tool that displays a list of items in a screen format and provides the following functionality:

- Browse through the list.
- Select items that need action.
- Act against those items.
- Select other List Manager actions without leaving the option.

Actions(s) are entered by typing the name(s) or mnemonics(s) at the "Select Action" prompt. Where applicable, multiple actions may be selected with one entry by separating actions with a semicolon (;). For example, the single entry "AL;CI" would cause the software to advance through two separate actions (Appointment Lists and Check In).

Select an action and entry number by using an equals sign (=).

- CI=1: will process entry 1 for check in.
- CI=3 4 5: will process entries 3, 4, 5 for check in.
- CI=1-3: will process entries 1, 2, 3 for check in.

In addition to the various actions that may be available specific to the option the user is working in, List Manager provides generic actions applicable to any List Manager screen. Enter double question marks (??) at the "Select Action" prompt for a list of all actions available. On the following page is a list of generic List Manager actions with a brief description. The mnemonic for each action is shown in brackets [ ] following the action name. Entering the mnemonic is the quickest way to select an action.

Table 49: List Manager Actions

Action	Action
Next Screen [+]	Move to the next screen.
Previous Screen [-]	Move to the previous screen.
Up a Line [UP]	Move up one line.
Down a Line [DN]	Move down one line.
Shift View to Right [>]	Move the screen to the right if the screen width is more than 80 characters.
Shift View to Left [<]	Move the screen to the left if the screen width is more than 80 characters.
First Screen [FS]	Move to the first screen.
Last Screen [LS]	Move to the last screen.
Go to Page [GO]	Move to any selected page in the list.
Re Display Screen (RD)	Redisplay the current screen.

Action	Action
Print Screen [PS]	Prints the header and the portion of the list currently displayed.
Print List [PL]	Prints the list of entries currently displayed.
Search List [SL]	Finds selected text in list of entries.
Auto Display (On/Off) [ADPL]	Toggles the menu of actions to be displayed / not displayed automatically.
Quit [QU]	Exits the screen.